	nfor-	state	JPA.			ι.
/	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	1		
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	TE I	n sho	E 0]	is ve	18.	Bl
4	WRI	nation	AUS	TION is very important. See instructions on back of certificate.	19.	UI
V. 75. No. 1	B.—	=	_	1	-	
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(NS FIV
County Mikinglone 9	Registration Dist. No. 307
Village or City Mar / Long of Mcc	No. St., Ward
Length of residence in city or town where death occurred 4 yrs 9 mos	death occurred in a horpital or institution, give its NAME instead of street and number)
	CA Ward
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH  (Month)  (Day)  (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from 1983 to 600 20 1983
6. DATE OF BIRTH (month, day, and year) Flat 23 = 1929	liast saw h have alive on Get 20 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7.43 0 m.
4 8 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, ROUNCEPPER, etc.	Deta of other
9. Industry or business in which	at 1 to stant
work was done, as SILK MILL, SAW MILL, BANK, atc.	em pennyet surgococce
	intedion of il
year)occupation	Other Cantributory Causes of importance:
12. BIRTHPLACE (city or town)	Other Cautioniory Causes of Importance: lary of Durotion one
(State or country)	( Carte Gr.
14. BIRTHPLACE (city or town) Wesgo Mod	
14. BIRTHPLACE (city or town)	Name of operation Data of
E 15. MAIDEN NAME Class In Bulls	What test confirmed diagnosis? grown me agar agar. Was there an autopsy? The
16. BIRTHPLACE (city or town) Savketlis villa, Mon	23. If death was due to extarnal causes (VIOLENCE) fill In also the following:
State of country)	Where did injury occur?
17. INFORMANT & Willow Obboth (Address) Kandyllwille Tuck	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place (1847) Ville Date LO 3 AL, 1933	Nature of injury
19. UNDERTAKER C & Sumary Co (Address) Krypy willy ma	24. Was disaase or injury in any way related to occupation of decaased?
20. FILED O . 22 - 19 33 Emme L. yountine Registrar.	(Signed)
If more blanks are needed, address State Registrar	2455 N. Charles Street Balaimon Provider G1 C M.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation,

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not tho mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

i	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

STATE	OF MARYLAND-	CERTIFICATE OF DEATH	1 h = 4,
1. PLACE OF DEATH .	<b>—</b>	(105)	51
County / Quinty	10 u	Registration Dist. No. 307	
Village or City VI UZ D	me	NoSt.,St.,St.,St.,St.,St.,St.,	Wai
Length of residence in city of town where		s. How long In U.S. if of foreign birth?	
2. FULL NAME Thursday	on a lib	voll	
(a) Residence: No.	(Usual place of abode)	St., Ward.	
PERSONAL AND STATIST	The state of the s	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH	0
3. SEX 4. COLOR OF RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 10 13	2
5a. If married, widowed, or divorced	Judger	(Month) (Dey)	(Yeer)
HUSBAND of (or) WIFE of	alra	22. I HEREBY CERTIFY, Thet I attended decee	esad fro
6. DATE OF BIRTH (month, dey, and year)	Dua 9-1921	lest saw htein aliva on 6 4 12 1933 day	ath is sa
7. AGE Years Months	Days If LESS than	to have occurred on tha data stated above, at 1340 m.	atii 15 5a
/ 3	16   1 day,hrs ormin.	The PRINCIPAL CAUSE OF DEATH and related ceusas of Importance were as follows:	te of onse
8. Trade, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Morre	Uat Date of the Control of the Contr	
SAWYER, BOOKKEEPER, etc	Maria	Alientorouse faramentes	Lut
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	1000	The same of the sa	1.10
this occupation (month and yeer)	11. Totel time (yeers) spant in this occupation		
12. BIRTHPLACE (city or town)	in mid	Other Contributory Causes of importance:	
(State or county)	(0,000		
13. NAME AL COM	nubbott		
14. BIRTHPLACE (city or town)	go ma	Nema of operation Dete of	
(Stete or country)	1- Rutto	Whet test confirmed diegnosis? Was there an eutops	sy?
	GHAVILLE	23. If daath was dua to externel causes (VIOLENCE) fill In also the following:  Accident, suicida, or homicida?	10
16. BIRTHPLACE (city or town) (Stata or country)	Les mal	Where did injury occur?	19
17. INFORMANT ATTACK	mo abboth	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Mol	Manner of injury	
Plece	Dete 193	Nature of injury	
19. UNDERTAKER (Address)	villy md	24. Was diseesa or injury in any way reletad to occupation of deceased?	0
20. FILED GCT 14. 1933 Em	11 41	(Signad) . W. Kell ay	

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	SICIAN
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# STATE OF MARYLAND-CERTIFICATE OF DEATH

STATE OF MARTLAND	CLITTI ICATE OF DEATH
1. PLACE OF DEATH	
County Washington	Registration Dist. No. 302
Village or City 76 agus 15 ww	No. 6 73 (Secure A) Mer, 5 Ward death occurred in a horpital of institution, give its NAME instead of street and number)
Length of residence In city or own where death occurred wis mos	How long In U. S. if of foreign birth?
2. FULL NAME Trange . Cle	He
(a) Residence: No. 6 7 8 Jeuna are (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  Whate Whate windower	21. DATE OF DEATH tober 12 1933 (Month) (Day) (Year)
5a. If messied, widowed, or-divorced Hyberand of (6) MIFE-of Mary alsolu	22. I HEREBY CERTIFY, That I attended deceased from
11. 2/12~1	Hast saw h.v.m. alive on ACX 1.7— 1933: death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than	I last saw h
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, Cetured Framus, SAWYER, BOOKKEEPER, etc.	replintis 1931
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	
10. Data deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Poudsville	Other Contributory Causes of importants:
(State or country)	
13. NAME Samuel alsifa	7
13. NAME James Clother 14. BIRTHPLACE (city or town) Caretonia	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT TO WESTOWN MA	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place 20 a gens wurndate 10, 1933	Nature of Injury
19. UNDERTAKER Country	24. Was disease or injury In any way related to occupation of deceased?
(Address) A agraforen ma	If so, specify
20. FILED 10-15-, 1953 6 Kart Socrest	(Signed).
Registrar.	(Address)

V. S. No. 1

PHYSICIANS should state

stated EXACTLY. properly classified. Ex

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLAINLY

N. B.

MARGIN RESERVED FOR BINDING

UNFADING INK-THIS

AGE should be

Exact statement of OCCUPA-

IS A PERMANENT RECORD. Every item of infor-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURNEY V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RECORD. Every BINDING may that

MARGIN RESERVED instructions carefully important. OF DEATH

Registration Dist. No. 30 2 (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred 10 yrs mos, ds. How long in U.S. if of foreign birth? yrs. mos. ds. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH October 25, 1933. OR DIVORCED (write the word) Male White Single 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from 22. (or) WIFE of October IO 1933 to October 25 19 33 alive on OCTODEL 25 1933 death is said 6. DATE OF BIRTH (month, day, and year) March 25, 1909 If LESS than 7. AGE Months Days 24 1 dev.\_\_\_\_hrs. 0 The PRINCIPAL CAUSE OF DEATH end related causes of Importence or .... min. Date of onset 8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... OCCUPATION Farm Worker Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceesed last worked et 11. Total time (years) this occupation (month and spent in this occupation .. 12. BIRTHPLACE (city or town) Washington County. (State or country) Streptococci Hemolytic Throat 10-8 ER Raleigh Arnsparger 13. NAME FATH Name of operation 14. BIRTHPLACE (city or town) Marvaland (State or country) What test confirmed diagnosis? Wes there an au'opsy? West here an au'opsy? MOTHER Sarah L. Eccard 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? \_\_\_\_\_\_\_ Date of injury \_\_\_\_\_\_\_ 19\_\_\_\_\_\_ 16. BIRTHPLACE (city or town) Marvland. (Stete or country) Where did injury occur?\_\_\_\_ Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT Raleigh Arnsparker. (Address) Half Wav 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Place Hagerstown, Md a Date Oct. 28. 1933 Nature of injury 24. Was disease or injury In eny way related to occupation of deceased?. Fred W. Kraiss. 19. UNDERTAKER \_ Hagerstown. Md. If so, specify Registrar.

10429

S. No. 1

-WRITE

MOLL

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis (	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NOV 6 1983			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL SI	PACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

FOR

RESERVED

MARGIN

V. S. No. 1

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			200

If more blanks are needed, address State Registrar 22411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# CTATE OF MADVIAND CEDTIFICATE OF DEATH

1. PLACE OF DEATH	-		(31)	
County Washing	ton	-44	Registration Dist. No. 50	~
Village or City Hagerstow	m		No.105 Fairground Ave. St. 4	Ward
		2 (If	death occurred in a horpital or institution, give its NAME instead of street and nur- ds How long In U.S. if of foraign birth?yrsmos.	nber)
			gs. How long in 0.5. ii of foraign bittif?yismos.	
		sdaffer		
(a) Residence: No. 105 Fa.i	rground (Usual place of	Avenue	St., H Ward.  If nonresident give city or town and St	ate
PERSONAL AND STATISTIC	AL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
S. SEX   4. COLOR OR RACE   5	or Divorced Marrie	(write the word)	21. DATE OF DEATH October 8, (Month) (Day)	193 3 • (Year)
ia. If married, widowed, or divorced HUSBAND of Samuel Bea (or) WIFE of Samuel Bea	msdaffe	r	22.   I HEREBY CERTIFY, That I attended de 10/3 1933, to	ceasad from
5. DATE OF BIRTH (month, day, and year) Ju	ne 11,	1859	I last saw h & alive on 1018 , 1972;	death is sal
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 10:00 Pm.	
64 4	27	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			Hypertennis C-V-R Sisease with	P
SAWYER, BOOKKEEPER, etcHO	me Work		Cesebra Hemontogs	10/3/3
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc				
S. Hada, Protession, or particular, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total tim spent occup	a (years) in this		
12, BIRTHPLACE (city or town) Frankl	in Coun	ty	Other Contributory Causes of Importanca:	
(State or country) Pa.				
13. NAME William McDo	nald			
14. BIRTHPLACE (city or town) Frank 1	in Coun	ty	Name of operation	
(State of country)			What test confirmed diagnosis? CMM Was there an au	opsy?
	ilvers		23. If death was due to external causes (VIOLENCE) fill in also the following:	
	in Coun	ty	Accident, suicide, or homicida? Date of Injury	, 19
E (State or country) Pa	•		Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Clarence Wal (Address) Hagerstown,			Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	Ε.
18. BURIAL, CREMATION, OR REMOVAL			Manner of Injury	
Place Chambersburg, F	make Oct.	11,1933	Nature of injury	-A
19. UNDERTAKER Pred W. Krai	ss.		24. Was disease or injury In any way related to occupation of deceased?	N
(Address) Hagerstown	Md.		If so, spacify	
20. FILED 10-10-1933 OK	011100	alest	(Signed)	M.

V. S. No. 1

stated EXACTLY. PHYSICIANS should state IS A PERMANENT RECORD. Every item of infor-

Exact statement of OCCUPA-

properly classified.

FOR BINDING

UNFADING INK-THIS MARGIN RESERVED

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

B.—WRITE PLAINLY, WITH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid-conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	3  -	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF 1. PLACE OF DEATH	MARYLAND-	CERTIFICATE OF DEATH 10433
County Washir Village or City Hagerstown Length of residence in city or town where death	occurred 20 yrs mas	Registration Dist. No. 3 0 Z.  No. 144 W. Bethel Street st., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Leo A. B		St. S Ward.
(a) Residence: No. 144 W. E	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICA	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. White	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH October (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. LHEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Ma. 1	1	1 last saw have alive on OCF 3 1933; death is said
7. ACE Years Months 34 6	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	borer	Coronary Ocelusion 9-20-5
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Luray (State or country) Val.		Other Contributory Causes of Importance:
13. NAME Beauford Black 14. BIRTHPLACE (city or town) Harris (State or country) Va.		Name of operation 90000 Date of
1000	Comer	What test confirmed diagnosis?
15. MAIDEN NAME Elizabeth  16. BIRTHPLACE (city or town) Juray, (State or country) Va.		Accident, suicide, or homicide2 Date of Injury, 19
17. INFORMANT Mrs. Elizabet (Address) Hagerstown, M	h Black,	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown, Md.	DateOct. 6, 1933.	Manner of injury
19. UNDERTAKER Fred W. Kra (Address) Hagerstown		24. Was disease or injury In any way related to occupation of occeased?  If so, specify
20. FILED 10-6-, 133 6h	Est Bows	(Signed) Adams (Address) Adams (Address) Adams (Address)
If more blan		(Address) - Address Ad

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were as	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	100 100	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph		1921	Run over by street car	1 week ago
Cerebral hemorrhage	1 1910	July 5, 1927	Peritonitis	3 days ago
	BUELLU V. 3.			
Other contributory ca	tuses of importance:	-	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

10	4	.1	4

1. PLACE OF DEATH  County We hington	Registration Dist. No. 30/
Village water Near Williamsport Md  Length of residence in city or town where death occurred 5 yrs	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Challes Edward Brant (a) Residence: No. Same (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)  male white married	21. DATE OF DEATH Oct. 22, 1933 (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Gladys Bliths  6. DATE OF BIRTH (month, day, and year)	22. I HEREBY CERTIFY. That f attended deceased from 1923, to 22, 1933.  f last saw harps alive on 05, 22, 1933; death is said
7. AGE 47 Years Months Days If LESS then 1 day,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPfNNER, L'DOTING SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, Gen • Work SAW MILL, BANK, etc.  10. Dato deceased last worked et this occupation (month and year)  12. BIRTHPLACE (city or town) Fulton Co. Penne (State or country)	Other Contributory Canses of Importance:
13. NAME Zopher Brant 14. BIRTHPLACE (city or town)	Name of operation Date of
(Stete of country) PALLOTT GO PETITION	What test confirmed diagnosis? Was there en au'opsy?
15. MAIDEN NAME FINCI EstionII  16. BIRTHPLACE (city or town) Fulton Co Penns (Stete or country)  17. INFORMANT Hervey Brant	23. If deeth was due to external causes (VIOLENCE) fill in also the foflowing:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Wercer burg Po. Date Oct 24 19 33  19. UNDERTAKER Albert Lerf (Address) William port Md	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Oct. 24, 1933 b. G. Bickard Registrar.	(Signed) MD.  (Address) MULLINAPARE MD.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	100	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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~ /	146)
Logi	Registration Dist. No. 306
idesburg mid	NoSt., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
wn where death occurred	ds. How long in U.S. If of foreign birth?yrsds.
of the W. Bushele	
/	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) 193 3 (Year)
d 18mm Lama Bus	1 HEREBY CERTIFY, That I ottended deceased from
ary 3	I last saw h alive on 190 3 death is said
lonths Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 3m.
2 2   1 day,nrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
NER Retired School Teas	fun Doronary Occlession Date of onset
LL,	Cirlera Scherman 1933
11, Total time (years) spent in this occupation	
ge Smithebring	Other Coutributory Causes of importance:
Buskhart	
Reiterberry	Name of operation. Oate of
aberte. 18 rouse	What test confirmed diagnosis? Was there an au'opsy?
Park les med	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
ma Bruss hast	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
with Date Oct 18th 19.33	Menner of injury
hover med	24. Was disease or injury In any way related to occupation of deceased!
Hu Leguary	(Signed) — — — M. D. (Address) — — M. D.
If more blanks are needed, address State Registrar,	1411 N. Charles Street, Buttimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPAstated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING AGE should be

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied.

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH 10436
1. PLACE OF DEATH .	3
County Washington	Registration Dist. No.8
Village only Kentfor mill	NoSt,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No.	Ch Ward
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   I HEREBY CERTIFY, That I ettanded daceased from
6. DATE OF BIRTH (month, day, and yeer) Oct 21, 1933	1   1   1   1   1   1   1   1   1   1
7. AGE Years Months Deys If LESS than I day,	to heve occurred on the date stated above, at 6.00 m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	(60000 0 1
10. Date deceased last worked at this occupation (month and year)	( b) hard, b) blocker
12. BIRTHPLACE (city or town) Reafs Mill (State or country) Washing tow Co.	Dther Contributory Causes of Importance:
13. NAME Robert Joseph By es	
14. BIRTHPLACE (city or town)	Name of operation
V 10 -011	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Testa Nordly Range (State or country)	23. If death wes due to axternal ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT CAPUL A Marie (Address) Carolin Mice. No.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Date Oct 21 ,19 33	Manner of injury
19. UNDERTAKER Albert Leaf (Address) William port Md	24. Was disease or injury in any way related to occupation of deceased?
20. FILED UCT 2/ot, 1933 Or Galbic Kard	(Signed) W. D. (Address) A Walter M. D.
	AT OU I O DII D DO D

CEDTICIONTE OF DEATH

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death .-- Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 10437
1. PLACE OF DEATH	(14)
County Washington	Registration Dist. No. 2
Village or City 26 a gravatour	No. 8/1 Wash . av st. / Ward
(lite tength of residence in city or town where death occurred vrs. mos.	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2 FULL NAME Sarah V Carl	
(a) Residence: No. 8///// a she are	St. Bward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Oay)  (Year)
Sa. If married, widowed, or divorced the fusion of content of the state of the stat	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sel. T. 6" 1881	I last saw h alive on, 19, death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated ebove, etm.
32 / 2/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	mucha by
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked et this pecupation (month and	Cha array and
10. Oate deceased last worked et this occupation (month and year)  11. Total time (years) spant in this occupation 3 0 9 m	500000000000000000000000000000000000000
12. BIRTHPLACE (city or town) London Co	Other Contributory Canses of importance:
(State or country)	
13. NAME Youas 2. Afring	
14. BIRTHPLACE (city or town) Roudone Go (State or country)	Name of operation Dete of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIOEN NAME Catherine Brady  16. BIRTHPLACE (city or town) Courdence  (State or country)	23. If death was due to external causes FOOL ENCE) fill In also the following Accident, suicide, or homicide Accident, suicide, or homicide Accident, suicide, or homicide Accident State of Injury
17. INFORMANT (AS. T. Carter	Where did injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE,
(Addross) &// Wash, ave.	House ,
Place Lagrantion, OR REMOVAL Place Lagrantion Date 72 919 33	Menner of Injury Neuroning Seg-
19. UNDERTAKER Conductor tolors  (Address) La garage	24. Was disease or jajury in any way related to occupation of deceesed?
20. FILEO 10-28-, 1923-6/181/ Source	(Signed) M. D.
Registrar.	(Address) Celling Coroner

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NOV 6 1932			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE F	OR.	FURTHER	STATEMENTS	BY	PHYSICIAN
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CAUSE

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(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requising V. S. No. 1.

Registrar.

If so, specify

17121 M

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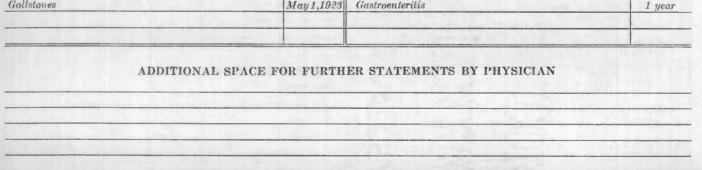
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year





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No.	B	1	7	1	
V. S. No. 1	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	(31) I U440	
county Washington	Registration Dist. No. 305	
Village or City Mt. Leva	NoSt.,War	d
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U. 9. if of foreign birth?	s.
2. FULL NAME MARY E. COST		
(a) Residence: No. Put. Lean cu	St., Ward.	
(Usual place of abode)	If nonresident give eity or town and State	oil D
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Culite, Culicide idoused	21. DATE OF DEATH (Month) (Day) (Year)	
5e. If married, widowed, or divesced  WESTATUDE (or) WIFE of Hivany 3. Cost	22. MARKEBY CERTIFY That pattended deceased fro	m
6. DATE OF BIRTH (month, day, and year) Trender, 28-1854	I last saw h.E.R. alive on Oct /- ,1933; death Is sai	ld
7. AGE Years Months Days If LESS than	to heve occurred on the date statad abova, at 1/48 PM	
78 10 3 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:	nt.
8. Trade, profassion, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	2 / /	
9 Industry or husinass in which	Klougho numona 9-26-3	3
work wes dona, as SILK MILL, Acure Home	- Classical Hearson 3-16-	5.5
10. Date dacaasad last worked at this occupation (month end year)  11. Total tima (years) spant In this occupation.	•	
12. BIRTHPLACE (city of town) Musersville	Other Contributory Canses of importance:	
(State or country) Fred. Co. md.	Chronic - Cardio here Regal dis	
13. NAME Samuel 5 mith		
14. BIRTHPLACE (city or town) Middleton	Name of operation Date of	-
(State of Country)	What tast confirmed diagnosis Clessical Was there an autopsy?	0
15. MAIDEN NAME Relieva Chachtel 16. BIRTHPLACE (city or town) Myeraville (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:	
5 16. BIRTHPLACE (city or town) Muchanille (State or country) And Co. Md.	Accidant, suicida, or homicide?	
17. INFORMANT Mrs. Helga S. Cost	Where did Injury occur?(Specify city or town, county and State) Specify whather injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.	
(Address) Hagliatown md'	Name of left	
Place Beaver Creek Date Od. 4. 19.33	Manner of Injury	
19. UNDERTAKER ( DM 7. Dast + Soy	24. Wes disease or Injury In any wey ralated to occupation of daceased? 200	
(Addrass) Poorsbog Md	If so, specify	
20. FILEO St. 2. 19:33 (1) Illan J. Daot. Registrar.	(Signad) Boenson M.  (Addrass) Boenson Ma	υ.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAIT			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 B

state

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1. PLACE OF DEATH		108	
County Washington		Registration Dist. No. 30	9
Village or City Hagerst		No. 15 Cypress Street St., 5  If death occurred in a horpital or institution, give its NAME instead of street and number of the street of the stre	Ward mber)
2. FULL NAME Hunter (a) Residence: No. 15 Cypr		St. 5 Ward.	
		If nonresident give city or town and Si	ate
PERSONAL AND STATISTIC  3. SEX 4. COLOR OR RACE 5	S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Male White	OR DIVORCED (write the word) Married	October 30, (Day)	1933 • (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Aurah Cun	ningham	22. I HEREBY CERTIFY, That I attanded dec	ceased from
6. DATE OF BIRTH (month, day, and year) Dec	. 30, 1859	I last saw have alive on Oct 30 1933:	-,
7. AGE Yaars Months 73 10	Days If LESS than I day,hrs	That Kinch AL CAUSE OF DEATH and related causes of importance	Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Farmer  11. Total tima (years) spent in this occupation.	Lo be Paramonia	bef. 27
	y County	Other Contributory Causes of Importance:	40 //
13. NAME John Cunning		1. Chronic Endocardates	0 /25
14. BIRTHPLACE (city or town) Berkl (State or country) W.	ey County	Name of operation Date of What test confirmed diagnosis? Was there an au's	opay?
15. MAIDEN NAME Hester Rog		23. If death was due to external causas (VIOLENCE) fill in also the following:	opsy:
15. MAIDEN NAME Hester Rog 16. BIRTHPLACE (city or town) Berkl (State or country) W.  17. INFORMANT Mrs. Aura Cu	ey County Va.	Accident, suicide, or homicida? Data of injury   Where did injury occur? (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACI	
(Address) Hagerstown,  18. BURIAL, CREMATION, OR REMOVAL  Place Bunker Hill, W.	Md.	Manner of injury	
19. UNDERTAKER Fred W. Krai (Address) Hagerstown, 20. FILED. //-/-, 1933		24. Was diseasa or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)	M. D.

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Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARYLAND—CERTIFICATE OF DEATH	10442

1. PLACE OF DEATH	
County Washington	Registration Dist. No. 3//,
Village or City Lappanes	NDSt., Wa
Length of residence In city or town where death occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number)  mosds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME TO arrette 3 loren	
	at limingham
(a) Residence: No.	St., Ward. O
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)	21. DATE OF DEATH 9Th (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased fr
6. DATE OF BIRTH (month, day, and year) March: 3 - 187	Plast saw h. Let alive on Och 8 1935; death is s
7. AGE Years Months Days If LESS tha	to have occurred on the date stated above, at
60 7 7 1 day,min.	two rate as follows.
8. Trade, profession, or particular kind of work done as SPINNER	Date of one
kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which	Larcensius of Merces Oct
work was done, as SILK MILL, Own Home	
Solution of work done, es SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation done was occupation with this occupation occupation.	
12. BIRTHPLACE (city or town) Bakersille (State or country) 7/12 and a country	Other Contributory Causes of Importance:
Co track - Co track	
E P I II	
(State or country) () ask: (c) md.	Name of operation
	What test confirmed diagnosis?
15. MAIDEN NAME Maritles Hutsell 16. BIRTHPLACE (city or town) Brussens  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
State or country) 1/2 ach. Co. md.	Where did Injury occur?
17. INFORMANT Dry H. Curringham (Address) Fairbla. Wide	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVALED Date Oct. 11., 19.3	Manner of injury
19. UNDERTAKER (DY), Day YSoy (Address) Books From Mark	24. Was disease or injury in any way related to occupation of deceased? 70
20. FILED OCA, 114, 1933, 41 S. Blooms. Registrat.	(Signed) South Party M
	rar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

V. S. No. 1

BINDING

RESERVED

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Registrar.

(Address)

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NOV 6 1933			
Other contributory causes of importance:	**************************************	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA.

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-2
county Washington	Registration Dist. No. 30 J
Village or City San () Mar - Fahr	news Memorial Home st., Ward
Length of residence In city or town where deeth occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. If of foreign birth?
2. FULL NAME America Davis	The state of the s
	<b>2</b>
(a) Residence: No. ) multisbury Md (Usumplace of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female Tulite. OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. H married, widowed, or divorced	
(or) WIFE of John D. Davis	1 HEREBY CERTIFY. That I attended deceased from
1646	last sew home alive on 15 1033 death is said
6. DATE OF BIRTH (month, dey, end yeer)  7. AGE  Years  Months  Deys  If LESS than	to have occurred on the dete stated above, et 10 Pm.
7. 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trede, profession, or perticular	were es follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked at this perquetion (month and	01 . 2. 14.
9. Industry or business in which work was done as SILK MILL	Chronic Myseardite's 1928
work wes done, as SILK MILL, SAW MILL, BANK, etc	
O 1D. Date deceased lest worked at this occupetion (month and year)	
S-IN I	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Communication (Stete or country)	
The state of the s	
E 0 ~0	
(State or country) da a la Cal	Name of operation
	Whet test confirmed diagnosis? Wes there en eutopsy?
7 7- 0	23. If death was due to externel causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (Stete or country) (1) and (5)	Accident, suicide, or homicide? Date of injury, 19  Where did injury occur?
P. Q 'IDDA	(Specify city or town, county and State)
17. INFORMANT Paris Property Wild R. I	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place mithsburg Md. Date Jo. 18. 19.33	Nature of injury.
19. UNDERTAKER TUTY DA DOOT FOO	24. Was diseese or Injury in eny wey releted to occupation of deceased? 242
(Address) Boundary Md	If so, specify
20. FILED CA: 18: 1933 The lian 2. Bank	(Signed) M. M. D. M. D.
Registrar.	(Address) Boonsbors.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Evample I

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Evample II

25Xample 1		Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B.—

1. PLACE OF DEATH	(107:0)
County CV estimatore	Registration Dist. No. 302
	No. 5 4 War St., War f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Europe 6. 6. (a) Residence: No. 42 H. Locust (Usual place of abode)	St., 4 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (way or the word)	21. DATE OF DEATH 9 19- 193 3
Jenule While wedow	(Month) (Day) (Year)
a. If married, widowed, or divorced HUSSAND of John How	22. I HEREBY CERTIFY. That attended deceased from
DATE OF BIRTH (month, day, and year) Sure 10 1850	liast saw b alive on Oct 12 1907; death is sai
. AGE Years Months Days If LESS than	to have occurred on the date stated above, a Pibu Pm.
6 2   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
Kind of work done, as SPINNER, A Houses	73.
Industry or business in which	/ round manmone //3.
work was done, as SILK MILL, & C	
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and year) spant in this occupation	
Xoagrostown	Other Contributory Causes of importance:
2. BIRTIIPLACE (city or town) (State or country)	- Mariana
The form the	
14. BIRTHPLACE (city town) 76 ag Eveline	Name of operation Oate of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
16. BIRTHPLACE (city or town). 74 segmentary	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town). 76 cegarelows	Accident, suicide, or homicide? Date of injury, 19
(State or country) Tuel	Where did Injury occur?
7. INFORMANT Harry Earliert St. (Address) 15-42 W. Garliert St.	(Specify city or town, county and State) Specify whether injury occurred in iNOUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Nagurio bus Date 10/6, 1933	
9. UNDERTAKER Consulty of Sou	24. Was disease or injury in any way related to occupation of deceased?
10 11 /22 /4 1/12	If so, specify
0. FILEO/0-16-1933 Okast Howers	(Signed) M.

CEDTICIONTE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93.2
County Clashington	Registration Dist. No. 305
Village or City Clevel andrille- Wear	Boonsbro St. Ward
A	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where daath occurred the service mo	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Comanda C. Caster	day
(a) Residence: No. Clevelandulle Md (Usual place of abode)	' St. Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWED, OR BIVORCED (write the word)  Lucites Undowed	21. DATE OF DEATH OF DEATH (Month) (Day) (Year)
5a. I Married, widowad, or diversed	
(or) WIFE of Claristia. Easterday	22. I HEREBY CERTIFY. That I attended deceased from
50	Jany 15", 19 33, to Och 9", 19 33
6. DATE OF BIRTH (month, day, and year) - eluman -   -   &46 7. AGE Years   Months   Days   If LESS than	I last saw h
87 7 28 1 day,hrs.	to have occurred on the date stated above, at 100. m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade explanation or particular	were as follows:
SAW MILL, BANK, etc.  10. Data decaased last worked at this occupation (many land).	pf muse 1+ 6/3
9. Industry or business in which	whomas ingoestrails funts
work was done, as SILK MILL, Own Home	
10. Data decaased last worked at this occupation (month and 1) spant in this	
this occupation (month and 1900) spant in this socupation socupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Clevelandulle	
(State or country) Wash, Co. Md.	_
13. NAME Soloman Houpt.	
13. NAME Soloman Houpt.  14. BIRTHPLACE (city or town) Middleton.	Name of operation Date of
(State of country) Thea. Co. The.	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Combine Martin	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Couline Martin	Accident, suicide, or homicide? Date of injury, [9,
(State or country) Fred. Co. Md.	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Was Charles Deachley	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Soursboo Md. R-2 J	
Placa Booustono Indoata Oct. 12, 19,33	Manner of injury
19. UNDERTAKER (DU) Bast Y Soy	Nature of Injury 24. Was disease or Injury in any way related to occupation of deceased? 20
(Address) Boouston Md.	If so, specify
20. FILE Oct 11, 1933 Tollian D. D.	as X (Signed) Sugert The M. D.  (Address) Desception mil
	2411 N. Charles Street, Balimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURSAO			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year
A STATE OF THE STA			

10447

No. 2 6 9 St., 2	
St., Z Ward.  If nonresident give city or town and	State
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH ( the (Day)	, 193 <b>3</b> (Year)
1 HEREBY CERTIFY That I attended to the saw her alive on the control of the saw here alive on the date stated above, at 9-30 2 m.	deceased from
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Carcin orna of 8 tomach  Metastatic carcinoma of	Date of onset
Myocardial Hailure	Mar. 193 act-4,193
Other Contributory Causes of importance:	
Name of operation Date of	
What test confirmed diagnosis? Was there an a	utoney? no
23. If death was due to external causes (VIOLENCE) fill In also the following	
Accident, suicide, or homicide? Date of injury	
Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e) ACE.
Manner of injury  Nature of injury	
24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address) 129  W. Washing In	Je M. D.

Registrar.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		-

V. S. No. 1 ΕĠ.

should state

			21
	County IV CARALLANGE PARTY CONTRACTOR	Registration Dist. No. 250	The same
	Village or City // uggristaevus (III	No. 103 Manual On (31A) death occurred in a horpital or institution, give its NAME instead of street and r	Ward
	Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign blrth?yrsmo	sds.
2	FULL NAME Millisy Its	tch,	
	(a) Residence: No. 1203 (Usual place of abode)	USCAL Ward.  If nonresident give city or town and	State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.5	Male Mute 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (partie the word)	21. DATE OF DEATH 13. (Month) (Day)	, 193 <b>3</b> (Year)
5a.	If married, widowed, or differed HUSBAND of (or) WIFE of  Clarge Hadley Fitch	22. October 13. 1933 to October 1	daceesed from
6 1	DATE OF BIRTH (month, day, and year) Sept. 24 1874	I last saw h alive on 19	peath is said
7. 1		to heve occurred on the date stated above about m. 6 2 / The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	m.
NO	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Weil es initions.	Oate of onset
OCCUPATION	9 Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	Sweede by firearms	19/13/3
OCC	IO. Date deceased last worked et this occupation (month and year) 11. Total tima (years) spent in this occupation	f/-	
12.	BIRTHPLACE (city or town) - factor or country)	Dthar Coutributory Causes of importance:	
2	13. NAME Is in by Autor		
FATHER		Name of acception	
-	(State or country)	Name of operation Date of What test confirmed diagnosis? Dxamulative Wes there are a	iu'opsy?
MOTHER	15. MAIDEN NAME Coma Talmer,	23. If death wes due to external causes (VIOLENCE) fill in also the following	12 22
AOT	16. BIRTHPLACE (city or town) - 9	Accident, suicide, or homicida?	12, 19.2.2.
-	(State or country)	Where did injury occur? Specify city or town, county and Stat	(e)
17.	(Address) 232 So mebery Hogestron	Specify whether injury/occurred in MDUSTRY, in HOME, or in MUBLIC PL	ACE.
18.	Place La gliss our who Det: 16, 1933	Manner of injury Lenetraling would have	uth)
19.	UNDERTAKER A CARLO	24. Wes diseesa or injury in any way splated to occupation of deceased?	No
-	10-11-11-336/44/30	(Signed) Aadell	м г
20.	FILED, 19 May Registrar.	7/ - 1 70	d.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BURRAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	STATE OF MARYLAND—				CERTIFICATE OF DEATH	0449	
1.	1. PLACE OF DEATH				[3]	-	
	County Washington			6-6	Registration Dist. No.	22	
	Village or City Ha	gerstown	A , D C		No. 1082 Virginia Ave. St., Ward		
	Length of residence in	rity or town where de	ath occurred		death occurred in a horpital or institution, give its NAME instead of street and to death.  ds. How long in U.S. if of foreign birth?		
	FULL NAME						
Z.	(a) Residence: No.			TA	St. 21 Ward.		
	(a) Residence: No.	LUCZ VIIE	(Usual place	of abode)	If nonresident give city or town and	State	
p	PERSONAL AI	ND STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SI		or or race	5. SINGLE, MAR OR DIVORCEI WICOW	RIED, WIDOWED, D (write the word) ed	21. DATE OF DEATH Oct. (Month) (Dey)	, 193 <b>3</b>	
5a. I	f married, widowed, or div	rorced					
	HUSBAND of Jaco	b Glenn			22. I HEREBY CERTIFY, That I ettended	-	
6. D	ATE OF BIRTH (month, d	ay, end year) Dec	29,	1854	Am	; death is said	
7. A	GE Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, et		
	78	9	22	ormin.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importance were es follows:	Date of onset	
Z	8. Trade, profession, or particular				artenosclerous	1932	
TI	kind of work done, as SPINNER.Homework SAWYER, BOOKKEEPER, etc.				myocarditis chi	1932	
UPA	9. Industry or business work was done, as SAW MILL, BANK	SILK MILL,			replines cu.	1132	
OCCUPATION	10. Date deceased last w this occupation (m	orked et onth and	spe	ime (years) nt in this upation			
-	7001/	Washing			Other Contributory Causes of Importance:		
12.	BIRTHPLACE (city or town (State or country)	Md.	5 0011 00	uii oj			
2	13. NAME Rober	t Glenn					
FATHER		Wachir	ngton C	ountv	Name of operation		
FA	14. BIRTHPLACE (city or (Stete or country)	(UWII)	Md.		Name of operation		
2	15. MAIOEN NAME K	atherine	Glenn		23. If death was due to external causes (VIOLENCE) fill in also the following		
MOTHER	16. BIRTHPLACE (city or	town) Washir		ounty	Accident, suicide, or homicide? Date of Injury		
	(State or country	)			Where did injury occur? (Specify city or town, county and State)		
17. INFORMANTLynn Hamburg (Address) Hagerstown Md.					Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown Md. Date Oct. 23, 1933				. 23 1933	Manner of injury		
19.	MINIDERLAKER	W. Krais			24. Was diseaso or injury in eny way related to occupation of deceased?	****	
	(Addiess) Hage:	rstown Me	1º0 M	/	If so, specify		
20.	FILED 10-23	1033 OK	MI	sceroso	(Signed)	M. D.	
1	Registrar.				(Address) / 5 6 W 43 93 Wmg		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Date of onset		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	6	
	1921 July5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

(Day)

(Year)

Oate of onset

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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	. 3 . 5 . 5 . 5	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MOV 6-1019	July 5,1927	Peritonitis	3 days ago
	BUREAU V S			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				-

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7. S. No. 1

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state of OCCUPA-AGE should be stated EXACTLY. PHYSICIANS MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAINLY, WITH

V. S. No. 1

1. PLACE OF DEATH	B BLATT
County Washington	Registration Dist. No. 302
2 WITHIN METER HATE LIMITO OF	1 70 7 1- 1/
Village or City Hagers how, Ind.	No. 6 3 St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
	os. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME BRLY TISK HAN	
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wpire the word)	21. DATE OF DEATH On /- 3
1 tours 11 Sugar	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22 LUEDERV CERTIEV THALL
(or) WIFE of Atill Brune	22. I HEREBY CERTIFY, That I attended deceased from
6 DATE OF RIRTH (month day and year) Del: 3 1933	, 19, to, 19,
or Diese of Differ (month) day, and your,	I last saw h; death is seid
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, atm.
Stillporn 5 mo. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
8. Trade, profession, or particular	Date vi vinot
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	1111
9. Industry or business in which	1/1//pom
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occuration (most) and enent in this	10 30 P. M. De/my
- 1 Shout til till 2	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Hay en laws . hy	Other Conditionary Condens of Importance.
(State or country)	
13. NAME Paul Hand	
13. NAME Paul Hard  14. BIRTHPLACE (city or town) & / king Wa.	Name of operation Date of
(State or country)	-/ -
1 011	What test confirmed diagnosis? C.//. Was there an autopsy?
15. MAIDEN NAME Mary Desales latterson  16. BIRTHPLACE (city or town) - Muching, W. Ka.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town). Wheeling, W. la.	Accident, suicide, or homicide?
- (State of Country)	Where did injury occur? (Specify city or town, county and State)
17, INFORMANT WOTHER	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 623 11. Lauret 11.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Prince Date 10/3, 193	Nature of injury
10 HUDGOTANED PROCESS OF FORCE	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
10-10- 23 /2/6/11/20/00	(Signed) 4: Robert Wello M.D.
20. FILED 1923 The Registrar.	(Address) 1/571. Potames St. Cota
	17, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1		Example II	-3
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of of importance were as	death and related causes follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	MON Q 1833	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	GEALSON	3 days ago
Other contributory causes of importance:		Other contributory can	ises of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

V. S. No. 1 ä

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH ,	(8270)
County Washington	Registration Dist. No. 30 2
Village or City Magazian	No. 5-21 Infferen St., 4 Ward
	f death occurred in a horpitator institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs,mosds.
016,01, 10 11	lo
(a) Residence: No. 5-21 Litterson	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OBJOLVORCED (write the word) Harried	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBAND OF Sarah Hartle	22. Oul HEREBY SERTIFY That I attended deceased from
6. OATE OF BIRTH (month, day, and year) How 21-1863	I last saw h was alive on Oct. 17 , 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2.30 Q m.
67 10 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER Was & Warbur. SAWYER, BOOKKEEPER, etc.	0
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Control nowowers
work was done, as SILK MILL, Refour furnituse	0000110
kind of work done, as SPINNER Works SAWYER, BOOKKEEPER, etc.  9. Injustry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation togonth and spent in this	[
year) (Jef 1-9-3.3) spent in this occupation	Ohn Condition Constitution
12. BIRTHPLACE (city or town) Naguatown	Other Coutributory Causes of importance
(State or country) Md,	Jasovan Mystellusim
13. NAME Soac Hartle	'U
14. BIRTHPLACE (city or town) Magnatown	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
I 15. MAIOEN NAME Towne Daugh	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Savine Saught 16. BIRTHPLACE (city or town) Hagustown	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT 1 Ms. Sarah Nauto	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Jaguston ma	
Place Laguateun Ma Date 10-20-1933	Manner of injury
19. UNDERTAKER Scott 7. Missinals alon	24. Was disease or injury in my way related to occupation of deceased?
(Address) Wagustons ma	If so, specify
20. FILEO 10-18-, 19-3 3 Charft Bousest Registrar.	(Signed) M. D. (Address) M. (Addr
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage Manager Manager	July 5, 1927	Peritonitis	3 days ago
BURRAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state 1. PLACE OF DEATH Jo should Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or townwhere death occurred statement If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (writethe word) (Month) (Day) (Year) If merried, widowed, or dive I HEREBY CERTIFY. That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) Months Days If LESS than to have occurred on the date stated above, at. 7. AGE Years 1 day ....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.\_\_\_ ARGIN RESERVED Industry or business in which may work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) no this occupation (month and spent in this L that occupation .... instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) FAT 14. BIRTHPLACE (city or town) plain (State or country) What test confirmed diagnosis? Was there an autopsy?. efully important. 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?\_ 16. BIRTHPLACE (city or town) DEATH (State or country) Where did injury occur?... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. plnoy (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE AUSE Cut-Fre Date Nature of injury TION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER If so, specify Registrar. (Address)

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Chronic interstitial nephritis V	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. 9.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Bellimore, Requesting V. S. No. 1.

(Address)

V. S. No. 1

BINDING

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ogo
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 doys ago
MOV 8 1933			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAproperly classified. FOR BINDING certificate. MARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of mation should be carefully supplied.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	95-6
County (1) ashington	Registration Dist. No. 302
Village or City Hagus Strus	No. 828 Concord St., 2 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
71100 71 +	Non
(a) Residence: No. Hagelin Library Md	St. Z Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DURGOED (write the word)  The word widowed as diverged.	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. H married, widowed, or divorced HUSBAND of (an) WIFE of Sarah J. Hurtman.	22. I HEREBY CERTIFY, That I attended deceased from  10-2-33,19,10-0-2-192
6. DATE OF BIRTH (month, day, and year) September 22-1847	I last saw bacon alive on M-1-37, 19 ; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, atm.
	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8. Trade, profession, or perticular kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (morth and company).	Cucho Vorale chien gr.
Modestry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and 1902   11. Total time (years) spant in this year) occupation 40 year.	Aug upon arriva
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Waynestono (State or country) Penagan (managan)	las. P. C.
13. NAME David Hartman	The state of the s
14. BIRTHPLACE (city or town) Layresforo	Name of operation
(State or country) Penduaglicania	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Margaret Zumerman  16. BIRTHPLACE (city or town) Settlysburg  (State or country) Perusylvaniat  17. INFORMANT Samuel H. Hurtman  (Address) Jagustons Md. 828 Concord St.	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Shilo Cenutary Date Oct . 5. , 1933	Nature of injury
19. UNDERTAKER ) 10 ornstrog ma	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED /0-4, 1933 Chasff Bowers Registrar.	(Signed) (Address) M. D.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example I		Example II	
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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Constant transfer of the Constant transfer of	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	5		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	REC	P.	Exac
	NLY, WITH UNFADING INK-THIS IS A PERMANENT REC	be carefully supplied. AGE should be stated EXACTLY. P.	ATH in aloin terms so that it may be properly classified. Exact
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1	HIS	pe	de
1	NK-T	should	it mov
	ING I	AGE	that
1	UNFAD	upplied.	torme c
	WITH	efully s	in nlain
)	NLY,	be car	ATH

of certificate.

See instructions on back

TION is very important.

of OCCUPA-

STATE OF MARYLAND-	CERTIFICATE OF DEATH	1459
1. PLACE OF DEATH	(3)	
County Hashington	Registration Dist. No. 3.0	7
Village or City Newton R. F.W.	No. St.,  If death occurred in a hospital or institution, give its NAME instead of street and	Ward
	isds. How long in U.S. if of foreign birth?yrsm	
2. FULL NAME Johnie Pa Jones		
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Oct. 3/	, 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. Oct /2 1933, to Oct 29	
6. DATE OF BIRTH (month, day, and year)	0 7 20	; death is seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9.4.5.m.	
3 8 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance	1
8 Trade profession or particular	Scarletina	Date of onest
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this		-
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (city or town)	Other Contributory Canses of Importance:	2 W/C 49
13. NAME Eoverett Jones		
13. NAME Powerell Jones  14. BIRTHPLACE (city or town)  (State or country)	Name of operation	
	What test confirmed diagnosis?	
15. MAIDEN NAME Mary Mims  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury	
17. INFORMANT Dayd W Jones (Address) Westerlan md	Where did injury occur?  (Specify city or town, county and Sta Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) .ACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Brownsville Md Date 1/1 / 1933	Nature of injury	
19. UNDERTAKER Office 122 to 9 sur	24. Was disease or injury In any wey related to occupation of deceased?	no
20. FILED Oct 31 st, 1933 Cornelius It. Castle.	(Signed) 66 Johnson Ferry	W. 8 a.

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Example 1		Example 11	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUPFAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH  CDUMY  CDUMY  COUNTY  COUNT	STATE OF	F MARYLAND—	CERTIFICATE OF DEATH
Village or City.    Comparison   City   Comparison   City   Comparison   City	1. PLACE OF DEATH	.,	816
Length of residence in city or fown where death occurred	County It askuna	ne	Registration Dist. No. 30
Length of residence in city or fown where death occurred was a most of the work one in U.S. If of foreign birth? was most of the work of the property of t	Village or City 26 a ges	Moure	No. 130 S. Mulberry St., 3 Wal
2. FULL NAME  (a) Residence: ND.  (Upsalpace of shoole)  PERSONAL AND STATISTICAL PARTICULARS  1. SEX  4. COLOR OR RACE OR DYONCOTO Wine the word) OR DYONCOTO Wine the word of University of town and State  PERSONAL AND STATISTICAL PARTICULARS  1. SEX  4. COLOR OR RACE OR DYONCOTO Wine the word of University o	Length of residence in city or fown where dea		
(a) Residence: No		hour P	In alon
PERSONAL AND STATISTICAL PARTICULARY  3. SEX  4. COLOR OR RACE  5. SINCLE MARRID, WIDOWD OR DIVORCED Curric the word)  7. AGE  6. DATE OF DEATH  7. AGE  8. Trade, profession, or particular  9. The profession, or particular  9. The profession, or particular  19. The professio	130	Mallosses	12 3 111
PERSONAL AND STATISTICAL PARTICULANS  3. SEX  COURT OR RACE  S. SINGLE, MARRIED, WIDDWED, ONE DOWNED, Comit the world of DATH  S. SINGLE, MARRIED, WIDDWED, ONE DOWNED, Comit the world of DATH  S. SINGLE, MARRIED, WIDDWED, ONE DOWNED, Comit the world of DATH  S. SINGLE, MARRIED, WIDDWED, ONE DOWNED, Comit the world of DATH  S. SINGLE, MARRIED, WIDDWED, ONE DOWNED, Comit the world of DATH  S. SINGLE, MARRIED, WIDDWED, ONE DOWNED, S. SINGLE, MARRIED, WIDDWED, ONE DOWNED, CONTROL OF THE MARRIED, WIDDWED, ONE DOWNED, COURT ON THE MARRIED, WIDDWED, ONE DOWNED, CONTROL OF THE MARRIED, WIDDWED, ONE DOWNED, ONE DOWNED, CONTROL OF THE MARRIED, WIDDWED, ONE DOWNED, ONE DO	(a) Residence: ND.		
So. If married, widewed, or diverged HUSBAND (Month) (Day) (Year)  8. DATE OF BIRTH (month, day, and year) (Address) (Table of country)  8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BODKEEPER, etc.  10. Date decased last worked at this eccupation (month and spant in this compation) (State or country)  12. BIRTHPLACE (city or town) (State or country)  13. MAIDEN NAME (Side or country)  14. BIRTHPLACE (city or town) (State or country)  15. BIRTHPLACE (city or town) (State or country)  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT DATE (Married and State or country)  18. BIRTHPLACE (City or town) (State or country) (Address)	PERSONAL AND STATISTIC	AL PARTICULARS	
Sa. If married, widewed, or diverged (or) wife of (Oay) (Year)  8. DATE OF BIRTH (month, day, and year) (Pear)  8. Trade profession or particular (Pear)  9. ANAMER (Pear)  8. Trade profession or particular (Pear)  9. ANAMER (Pear)  9. BIRTHPLACE (city or town)  9. Country)  9. Date of many particular (Pear)  9. What test confirmed diagnosis?  9. Was there an auropsy?  9. What lest confirmed diagnosis?  9. Was there an auropsy?  9. Where old injury occur?  9. Specify whether injury occurrad in INDUSTRY, in HDME, or in PUBLIC PLACE  19. UNDERTAKEN  19. UNDERTAKEN  19. OR FLEDON  19. Where old injury in any way related to occupation of deceased?  19. UNDERTAKEN  19. OR FLEDON  19. Where old injury in any way related to occupation of deceased?  19. UNDERTAKEN  19. OR FLEDON  19. Where old injury in any way related to occupation of deceased?  19. UNDERTAKEN  19. OR FLEDON  19. OR FLEDO	3. SEX 4. COLOR OR RACE 5	S. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
5.0 LATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  ITLESS than  1 day,hrs, ormin.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWTER, BDINKEPER; etc.  Prindustry or businass in which  SWILL BIRTHPLACE (city or town)  (State or country)  Day Date of deeaged last worked at a business of the country of th		1 : /	
8. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or min.  Name of operation  (State or country)  Date of country)  Date of country)  12. BIRTHPLACE (city or town)  (State or country)  13. RAMEN  14. BIRTHPLACE (city or town)  (State or country)  15. MIDEN NAME  Days  If LESS than 1 day, hrs. or min.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were an follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were an follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were an follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were an follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were an follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were an follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were an follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were an follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were an follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were an follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were an follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were an follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were an an object of the country of the cause of importance were an an object of the country of the cause of importance were an an object of the country of the cause of importance were an an object of the country of the cause of importance of importance were an an object of the country of the cause of importance of importance were an an object of the country of the cause of importance were an an object of the cause of importance were an an object of the cause of importance of importance were an an object of the cause of importance were an an object of the cause of importance were an an object of the cause of importance were an an object of the cause of importance were	5a. If married, widowed, or divorced HUSBAND of	11	
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day,	(or) WIFE of Helen	raylor	Jan / 1932 to Dex / 10 3
TAGE  Years  Months  Days  If LESS than I day	6. DATE OF BIRTH (month, day, and year)	12 8 1892	Dax ( 32
S. Trade, profession, or particular   Survey does see Prinker,   Survey does does not see the Survey does not see that the Survey does not see that the Survey does not see the Survey does not see that the Survey does not see the Survey does not see that the Survey does not see the Survey does not see the Survey does not see the			to have occurred on the date stated above, at
Saw Fill Brithplace (city or town)   State or country   State or cou	40 10		ware se follows:
Description	8. Trade, profession, or particular	2120	multiple Sclerosio. (2)
Description	SAWYER, BDDKKEEPER, etc.	or seome	Bru Chotis. Chrone 142a
Description	C. Work was done, as SILK MILL,		
12. BIRTHPLACE (city or town)   13. NAMM   14. BIRTHPLACE (city or town)   14. BIRTHPLACE (city or town)   15. MAIDEN NAME   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   17. INFORMANT   18. BIRTHPLACE (city or town)   17. INFORMANT   18. BIRTHPLACE (city or town)   18. BIRTHPLACE (city or town)   19. Manual	D Date deceased last worked at	11. Total time (years)	
12. BIRTHPLACE (city or town)  (State or country)  13. NAME / Letter and any for the state of country)  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME Or town)  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT Of the state of country  18. BURIAL, CREMATION, OR REMOVAL  Place Place Removal  (Address)  19. UNDERTAKER (Ad			
13. NAME	12. BIRTHPLACE (city or town)	lasser	Other Contributory Causes of Importance:
What test confirmed diagnosis?  Was there an au'opsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place	1 100	ryland	,,
What test confirmed diagnosis?  Was there an au'opsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. FILED  10. FILED  What test confirmed diagnosis?  Was there an au'opsy?  Accident, suicide, or homicide?  Date of Injury  Need id Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  24. Was disease or Injury in any way related to occupation of deceased?  (Signed)  (Signed)  Mas there an au'opsy?  What test confirmed diagnosis?  Was there an au'opsy?  Accident, suicide, or homicide?  Opecify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Signed)  (Signed)  Mass there an au'opsy?  Accident, suicide, or homicide?  Opecify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Signed)  (Signed)  (Signed)  Manner of injury  Nature of injury  (Signed)  (Signed)	I 13. NAME , Stellmit	aylor	
What test confirmed diagnosis?  Was there an au'opsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. FILED  10. FILED  What test confirmed diagnosis?  Was there an au'opsy?  Accident, suicide, or homicide?  Date of Injury  Need id Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  24. Was disease or Injury in any way related to occupation of deceased?  (Signed)  (Signed)  Mas there an au'opsy?  What test confirmed diagnosis?  Was there an au'opsy?  Accident, suicide, or homicide?  Opecify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Signed)  (Signed)  Mass there an au'opsy?  Accident, suicide, or homicide?  Opecify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Signed)  (Signed)  (Signed)  Manner of injury  Nature of injury  (Signed)  (Signed)	14. BIRTHPLACE (city or town)	fland	Name of operation
Where did Injury occur?  17. INFORMANT  (Address) Harry Specify whether injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE.  (Address) Harry Manner of injury  Placa Real Harry Manner of injury  19. UNDERTAKER  (Address) Harry Specify whether injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE.  Manner of injury  Nature of injury  24. Was disease or Injury In any way related to occupation of deceased?  If so, specify  (Signed)  Mere did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE.  (Specify whether injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE.  (Specify whether in	(State of Country)	181-1	What test confirmed diagnosis? Was there an au'opsy?
Where did Injury occur?  17. INFORMANT  (Address) Hager Advance  18. BURIAL, CREMATION, OR REMOVAL  Placa Flest Harm Majore Och 4, 19,33  19. UNDERTAKER  (Address) Hager Advance  (Specify whether injury occurrad in INDUSTRY, in HDME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  24. Was disease or Injury In any way related to occupation of deceased?  (Signed)  (Signed)  M.  (Specify city or town, county and State)  Specify whether injury occurrad in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whether injury occurrad in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whether injury occurrad in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whether injury occurrad in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whether injury occurrad in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whether injury occurrad in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whether injury occurrad in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whether injury occurrad in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whether injury occurrad in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whether injury occurrad in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whether injury occurrad in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whether injury occurrad in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whether injury occurrad in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whether injury occurrad in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whether injury occurrad in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whether injury occurrad in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whether injury occurrad in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whether injury occurrad in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Specify whether injury occurrad in INDUSTRY, in	15. MAIDEN NAME (Unitary)	rate lawne	1
17. INFORMANT CARE TO COUNTY and State)  18. BURIAL, CREMATION, OR REMOVAL Place Real Hours And Date Och 7, 19.3.3  19. UNDERTAKER CARE CARE CARE CARE CARE CARE CARE CA	O 16. BIRTHPLACE (city or town)	and for the	
(Address) Hage of the Manner of injury  18. BURIAL, CREMATION, OR REMOVAL  Place Real Hours Majore Och 4, 19,33  19. UNDERTAKER  (Address) Hage of Injury In any way related to occupation of deceased?  (Address) Hage of Injury In any way related to occupation of deceased?  (Signed)  (Signed)  (Signed)  (Signed)	Od 3	my vano	(Specify city or town, county and State)
18. BURIAL, CREMATION, OR REMOVAL Place Relate House Manner of injury  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Signed)		anong	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
Placa / Flat Hoeren McDate UCK: 7, 19.3.3  Nature of injury  19. UNDERTAKER A C Reciberd 24. Was disease or Injury In any way related to occupation of deceased?  (Address) House of injury  24. Was disease or Injury In any way related to occupation of deceased?  If so, specify (Signed) SE VICTOR D. MICLIAN M.			Manner of injury
20. FILED 10 - 217, 19336 Kust 103 and (Signed)  16 so, specify for Deciller M.	Place / Lest Hoann Mo	Date Och 7 , 19.33	
20. FILED 10 - 217, 1933 6 has 163 over 6 (Signed)  OR VICTOR D. MICLES M.	19 UNDERTAKER OF C. P.E.	ichard	
20. FILED.		ov. Pa	1/ . ^
	20. FILED 10-27 19336%	ast to Forest	
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.			(Address)

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

			-			
					-	
MEDICAL	CERTI	FICA	TE	OF	DEA	TH

HEREBY CERTIFY, That I attended deceased from

The PRINCIPAL CAUSE OF DEATH and related causes of Importance

Oate of onset

23. If death was due to external causes (VIOL ENCE) fill in also the following:

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or injury In any way related to occupation of deceased?

(Address)

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S. No.

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Example I		Example II	0.00
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

BINDING

RESERVED

MARGIN

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	Example I	35	Example II			
The principal cause o of importance were as		Date of onset	The principal cause of death and related cause of importance were as follows:			
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago		
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	NUV=6-1933	July 5,1927	Peritonitis	3 days ago		
	BUREAU V.S.					
Other contributory ca	uses of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		
	Balting Parent					
				<u> </u>		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOI	R FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	[404
County RAMAN CONTRACTOR	Registration Dist, No.300
Village or City Sharksburg	NoSt., Ward
Length of residence in city or town where death occurred 8 yrs 10 mm	If death occurred in a hospital or institution, give its NAME instead of street and number)
	is
2. FULL NAME Samuel S MA	ode
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX  4. COLOR OF RACE OR DIVORCED (write the word)	21. DATE OF DEATH
a. If married, widowed, or divorced HUSBAND of	(101)
(OT) WIFE OF LAMOR & Cuods	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and year) Mar 1 = 1869	
AGE .Years Months Days If LESS than	to have occurred on the date stated above, at
2 1 1 1 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	Sound Chard my on dee Date of onest
kind of work done, as SPINNER. ABOOTEN SAWYER, BOOKKEEPER, etc	to strangulation it. and
9. Industry or business in which work was done, as SILK MILL,	ally of to Comment sewere
SAW MILL, BANK, etc.	With mount 10-10-3
10. Date deceased last worked at this occupation (month and year)	
Manala bara 2	Other Couty bater Courses of Importance
2. BIRTHPLACE (city or town)  (State or country)	Talung afterdet of de
	late of we also to beath !-
14. BIRTHPLACE (city or town)	- 1 2014 -
(State or country)	Name of operation Date of
15. MAIDEN NAME MARY & Boyran	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Sharfustown	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? 100 100 100 100 100 100 100 100 100 10
(State or country) Park (O)	Where did injury occur? Sharpshurg , ho,
7. INFORMANT MAS & BALD & Kritica	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Charles our of the	Home.
B. BURIAL CREMATION, OR REMOVAL Place Date 10 75 193	Manner of Injury Strangelling of Special Condingues
9. UNDERTAKER (Address)	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED 19/14, 1933 Buf Boy	(Signed) Frank H Organia Jall. Cov. M. D.
Registrar.  If more blanks are needed address State Position as	(Address) Allaparay Man

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

V. S. No. 1

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	OF MARYLAND—	CERTIFICATE OF DEATH 104	66
1. PLACE OF DEATH	- 400	(105)	71
County VVashin		Registration Dist. No. 30	2
Village or City Maya	ansoille.	ND. St., C	Ward
Length of residence in city or town when		ds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME	ida Lowe	Y 4	
(a) Residence: No. TT O	unansville.	St. Ward.	- L'Ula
(4)	(Usual place of abode)	If nonresident give city or town and Sta	ite
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Oct 21.	3.
temale yyhixe	1 single.	(Month) (Day)	(Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	•	22.   HEREBY CERTIFY, That I attended dec	aased from
(01) 11112 01	\$ 1000	Tel 30 1073,10 Oct 21	, 19.2.2
6. DATE OF BIRTH (month, day, and year)	one 43 1929	I last saw have alive on 8 2 7 7 1999; d	leath is said
7. AGE Years Month's	Deys If LESS than 1 day,hrs.	to have occurred on the date stated ebove, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
4 4	// ormin.	wore se follows:	ate olonset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	none	Acts CF XII	
9. Industry or business In which		and fright	1737
work was done, as SILK MILL, SAW MILL, BANK, etc.		sheltowni	1/170
	11. Total time (yeers) spent in this		
year)	occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	gappa: 11e		
(Stete or country)	ma.	-	
14. BIRTHPLACE (city or town)	~owery		
14. BIRTHPLACE (city or town) (State or country)	magays ne	Name of operation Data of	
	n. Muers	What test confirmed diegnosis?	psy/
Ŧ O		Accident, suicide, or homicide? Date of injury	19
[Stete or country]	Y TO TO	Where did Injury occur?	
17. INFORMANT U. M. aml	. LysuM.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
(Address)	Joss Md.		
18. BURIAL, GREMATION, OR REMOVAL	es total lu	Menner of injury	
Plece Mual fordu	4 Date 94 aud , 1955.	Nature of injury	
19. UNDERTAKER T. COXX	man 1	24. Was disease or injury in any wey related to occupetion of decaased?	·
(Address)	rstown. u.d.	If so, specify	
20. FILED CLE 2/2933 Dec	me Le Grewbakes.	(Signed)	M. D.
Les	Luter Local Registrar.	(Address)	

If more bights are needed, address State Registrar, 2411 N. Charles Street, Baltimory, Requesting U. S. No. 1.

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Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis Chronic interstitial nephritis		1915	Attack of epilepsy	1 week ago	
		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BURRAUTA	July 5,1927	Peritonitis	3 days ago	
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

state

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STATE OF MARYLAND—	CERTIFICATE OF DEATH	1467
1. PLACE OF DEATH	20 20	
County Washington	Registration Dist. No. 30	2
THE RESERVE AT RELIGIOUS	No 2-10 (1) Familie a "	Ward
Village or City 26 agree town	f death occurred in a hospital or institution, give its NAME instead of street and in	
Length of residence in city or town where death occurredyrsmos	ds How long In U.S. if of foreign birth?yrsmo	sds.
2. FULL NAME Manie Lour	in a	
(a) Residence: No. 2 10 W Frankli	St. 45 Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (winter the word)	21. DATE OF DEATH 29 (Month) (Day)	, 1933 (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. J. HEREBY CERTIFY, That I attended of	deceesed from
6. DATE OF BIRTH (month, dey, and year) Was 20 1898	Hast saw hex alive on Ock. 29 ,1923	; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10.30fm.	
I day tab hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	100
8 Trade profession or particular	Crebol Hemorrhage	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked et.  11. Total time (years)  this generating (much and		
10. Date deceased lest worked et this occupation (month and year)		
12. BIRTHPLACE (city or town) 26 a g vistoure (State or country)	Other Contributory Canses of importance:	
C 13 NAME A CONTRACTOR OF THE PARTY OF THE P		

FATHE 14. BIRTHPLACE (city or town) (Stete or country) MOTHER 16. BIRTHPLACE (city or town (Stete or country)

(Address) 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

Nature of injury 24. Was disease or injury in any If so, specify (Signed)

(Specify city or town, county and State)
Specify Whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Menner of Injury

V. S. No. 1

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 6 1933		72	
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE O	F DEATH			<u> </u>
County	Washington			Registration Dist. No. 382
Village or City Hagers town			(If	No. Washington County Hospital > Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of res	idence In city or town where	death occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NA	ME Still bo	rn chil	d of Ral	oh Marpel
(a) Resider	nce: No. 130 E.	Frankli (Usual place		St., Ward.  If nonresident give city or town and State
PERSON	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Female	4. color or race White		RIED, WIDOWED, D (write the word) gle	21. DATE OF DEATH October 25, 193 3.  (Month) (Day) (Year)
5a. If married, widov HUSBAND of (or) WIFE of	wed, or divorced			22. 1 HEREBY CERTIFY, That I attended deceased from 2 5, 1933, to 0 ct 2 5, 1933
e DATE OF DIDTU	(month, day, and year)	tober 2	5. 1933.	Hast saw hor April Oct 25, 19,33; death Is sain
7. AGE Ye	ars Months Stillborn	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at \$2.50 Am.  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:  Data of onsat
kind of SAWYER SAWYER OF Work wa	ession, or particular work done, as SPINNER, R, BOOKKEEPER, etc business in which as done, as SILK MILL,	Infant		Sent macrahin stortes
	LL, BANK, etcsed last worked at upation (month end	3p2	ime (years) nt in this upation	\\
12. BIRTHPLACE (c	ity or town) Hagers		·····/	Other Contributory Canses of importance:
법 13. NAME	Ralph Marpe	el		
	E (city or town)Hage	erstown,		Name of operation Date of Was there an autopsy?
置 15. MAIDEN N	AME Jane Wa	stler		23. If death wes due to external causes (VIOLENCE) fill in elso the following:
	E (city or town)Hage	erstown, Md.		Accident, suicide, or homicide?
17. INFORMANT (Address)	Ralph Marpe	Md.	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	TION, OR REMOVAL			Menner of injury
PlaceH	agerstown, 1	Id Date OCT	25., 1933.	Nature of injury
19. UNDERTAKER(Address)	Fred W. Hagerstov		3 1016	24. Was disease or injury in any way related to occupation of deceased?
20. FILED	20,100	noy/o	Registrar.	(Address) Lagroslam My

mation should be carefully B.—WRITE PLAINLY V. S. No. 1 ż

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PHYSICIANS

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

(ARGIN RESERVED FOR BINDING

stated EXACTLY. properly classified.

AGE should be

supplied.

See instructions on back of certificate.

be

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

Exact statement of OCCUPA-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
NOV-6 1333				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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<b>3</b> - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR FURTHER	R STATEMENTS BY PHYS	ICIAN
For authorization	& chance &	ate of bristly all	lintly contificate
8/7/33		1	
	0	U	/

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state Exact statement stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be pe CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLAI

V. S. No. 1 ä of OCCUPA-

	S	TATE OF	MAR	YLAND-	CERTIFICATE	OF DE	EATH	10173
1	I. PLACE OF DEAT	ГН			159		2	1/
	County					Registrat	tion Dist. No.	
	Village or City 1	leer Down	rville	e Md	No. death occurred in a hospital or ins	And a Section N	St.,	Ward
	Length of residence in cit	ly or town where dea	th occurred		death occurred in a not pital of line			
1	2. FULL NAME	Richard 1		r				
	(a) Residence: No		Some (Usual place	-(-1-4-)	St., Ward.	If nonresi	ident give city or town a	and State
generals	PERSONAL AN	D STATISTIC			MEDICAL		TE OF DEATH	THE RESERVE OF THE PERSON
3.				RIED, WIDOWED,	21. DATE OF DEATH		101933	
	mole whi		or Divorce	D (write the word)		(Month)	(Day)	, 193
5a.	. If married, widowed, or divo		****			(Month)	(Day)	(Year)
	HUSBAND of (or) WIFE of	XXXXXXX	xx				IFY, That I attend	ed deceased from
	DATE OF BIRTH (month do.	Orei	t.9,19	3.3	I last saw h		1	₹: death is said
-	DATE OF BIRTH (month, day AGE Years	Months	Days	If LESS than	to have occurred on the date si	ín ín	ó .	2-2,00011100010
				1 day, 19hrs. ormin.	The PRINCIPAL CAUSE OF DI were as follows:	EATH and related	causes of importance	Date of onset
NO	8. Trade, profession, or pa kind of work done,	as SPINNER.	enon	•	( B)			
ATI	SAWYER, BOOKKEE	which	**********		Minute	ne be	ner.	
UP	work was done, as S SAW MILL, BANK, e	ILK MILL.						
OCCUPATION	Date deceased last wor this occupation (more year)	ked at	spe	ime (years) nt in this upation				
12	BIRTHPLACE (city or town) (State or country)	Near Do	wnsvi-l	le	Other Contributory Causes of in	mportance:		
ER	13. NAME Riches	rd Mosta						
FATHER	14. BIRTHPLACE (city or to	wn) Near D	ownsyi	lle Md	Name of operation		Date of	
_	(State or country)				What test confirmed diagnosis?		Was there a	n au'opsy?
HE	15. MAIDEN NAME	Agne Hi	ggine		23. If death was due to external			9.
MOTHER	16. BIRTHPLACE (city or to	wn) -1ne	burg Md		Accident, suicide, or homicide?  Where did injury occur?		Date of injury	, 19
-	240	hard Moo	- Anna		Specify whether injury occurre	(Specify ci	ity or town, county and	State)
17		Downevil			Specify whether injury occurre	u m moosiki, i	IN NOME, OF IN PUBLIC	FLAUE.
18	B. BURIAL, CREMATION, TR.				Manner of injury			
	Place_St_Pnu	1s Cem-	_DateOct	11. 1933				
16	UNDERTAKER Alb	ert Leaf			24. Was disease or injury in an	way related to g	occupation of deceased?.	no.
13		lliamspo		<b>d</b> <sub>7</sub>	if so, specify	1	10	
20	FILED Och 11	33, XIV	2/194	sour.	(Signed)	ceo	200	M. D
-	· · · · · · · · · · · · · · · · · · ·	The state of the s	- 4-2 out-j.	Registrar.	(Address)	V	Rost	122 d-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ago		
NUREAU V.S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	Moy 1,1923	Gastroenteritis	1 year		
			1		

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

	ADDITIONAL SP	ACE FOR FURT	THER STATEMI	ENTS BY PHYSICI	IAN A A
For guts	rosination	of dat	e of be	rth see	Cetter felia
mades &	r. Ashe	alle	0		

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Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago		
		\$ 4 6 5 B			
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

1	. PLACE OF DEATH						
	County Washington		TITEL SHEET	A # 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Registration	Dist. No. 30	
	Village or City V Washingto	n Co		No. Tagasla death occurred in a horpital or instituti	ion, give its NAN	AE instead of street and	Ward
	Length of residence in city or town where death	occurred		ds. How long in U.S. if of			
2	2. FULL NAME Stillbir	th	nav	e /			
· errouth	(a) Residence: ND	Omaplace (Usual place	rt Md	St.,Ward.	If nonresider	nt give city or town an	d State
	PERSONAL AND STATISTICA	L PARTI	CULARS	MEDICAL CE	ERTIFICAT	E OF DEATH	
3			RIED. WIDOWED, (write the word)	21. DATE OF DEATH		25,1933	, 193
5a.	If married, widowed, or divorced				(Month)	(Day)	(Year)
	HUSBAND of (or) WIFE of XXXXX	X				Y, That I attended	
6.	DATE OF BIRTH (month, day, and year) Oct	. 25,	1933	I last saw h alive on	_		
7.	AGE Years Months	Days	If LESS than	to have occurred on the date stated	d above, at	m,	
	Stillbirth		1 day,hrs.	The PRINCIPAL CAUSE OF DEAT	H and related cau	uses of Importance	Date of onset
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOKKEFERE, etc	one		Xtillion	n		
000	10. Date deceased last worked at this occupation (month end year)						
12	BIRTHPLACE (city or town) Hagefft (State or country)	own M	đ	Other Contributory Causes of impo	rtance:		
EB	13. NAME Lecter Nov	e					
FATHER	14. BIRTHPLACE (city or town) William (State or country)	port	Md	Name of operation			
ER	15. MAIDEN NAME Mortho I	Klin	е	23. If death was due to external cau			
MOTHER	16. BIRTHPLACE (city or town) DOWN V	ille	Mđ	Accident, suicide, or homicide?  Where did injury occur?			, 19
17	. INFORMANT William p	ort	Md	Specify whether injury occurred in	INDUSTRY, In H	IOME, or in PUBLIC P	LACE.
18	BURIAL, CREMATION, OR REMOVAL Place William port Md D	ete Oct	· 25 <sub>,19</sub> 3	Manner of injury  Nature of injury			
19	UNDERTAKER Albert Leaf (Address) Williamsport	Md		24. Was disease or injury to any war	ay related to occu	pration of deceased?	~
20	FILED 10-25-, 1933 6/20	s/113	Registrar	(Signed) (Address)	Bor	- Mare	M. D.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

19. UNDERTAKER

20. EILED

(Address)

1	STATE OF MARYLAND— L. PLACE OF DEATH County Cashing Control of the	CERTIFICATE OF DEATH  Registration Dist. No. 30 2	1
	Length of residence in city or town where death occurredyrsmos		
	(a) Residence: No. 747, VV. Was hington (Usual place of abode)	St., Ward.  If nonresident give city or town and State	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
T		21. DATE OF DEATH  (Month)  (Day)  (Year)	<u></u>
54.	If married, widowed, or divorced HUSBAND of (or) WIFE of	22. Oct HEREBY CERTIFY, That I attended deceased 1	from
	DATE OF BIRTH (month, dey, and year)  AGE Years Months Days If LESS then 1 day,hrs.	to have occurred on the date stated above, et. 3	
UPATION	8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Date of or	isot
OCCU	11. Total time (years) spant in this year)  11. Total time (years) spant in this occupation	Other Contributory Causes of importance:	
_	(State or country)	6 nu _	
FATHER	14. BIRTHPLACE (city or town) + QQ & x stown (State or country)	Name of operation Dete of Was there an au'opsy? Was there an au'opsy? Was there are au'opsy? was the confirmed diagnosis? was the confirmed diagnosis.	
MOTHER	15. MAIDEN NAME He sy Pownell.  16. BIRTHPLACE (city or town) Romaney (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?	d
17.	INFORMANT John J. Octor. (Address) Hagerstown, Wd.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18.	BURIAL CREMATION, OR REMOVAL  Place QQ ( 15 DUM ) Und Date   1933	Manner of injury	

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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back

important.

BINDING

FOR

ARGIN RESERVED

S. No.

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Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied.

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	940
County Washing ton	Registration Dist. No. 306
Village or City Ssekusburg and	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
111 - 1 2	101 101 0 10 10 10 10 10 10 10 10 10 10
2. FULL NAME Vubul 6 list	O. W. A
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 1933 (Bay) (Peer)
5a. If merried, widowed, or divorced HUSBAND of	20 LUEDERY CERTIES That believed decorate
(or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceesed from ,19, to
6. DATE OF BIRTH (month, day, end yeer)	l last sew h alive on, 19; deeth is said
7. AGE Yeers Months Days If LESS than	to heve occurred on the date steted above, et 10
5-/ 10 4   1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows:  Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1. di de Shall
9. Industry or business In which	a marine tration
work wes done, es SILK MILL, SAW MILL, BANK, etc	Ligania Augalara
year) occupetion	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	1 100
(State or country)	- Maemmal munique
13. NAME ellow Perry  14. BIRTHPLACE (city or town) duray of Va	-
(State or country)	Name of operation Date of
	What test confirmed diagnosis?
E 20	23. If death wes due to externel couses (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town)  (State or country)	Where did injury occur?
17. INFORMANT / H. C. Perry	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Smith young and	
18. BURIAL, CREMATION, OR REMOVAL Place Date: Ot 31., 19.33	Manner of injury
19. UNDERTAKER LEO. By Hoover (Address) Sumbabus mil	24. Wes diseese or injury in any way related to occupation of deceesed?  If so, specify
20. FILED Oct 3 U, 1933 Ylw for Ferguson, Registrar.	(Signed) Joans M. D. (Address)
	NOLLS PLEASE WILLIAM

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MOS/ 63 2023			
Other contributory eauses of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
A STATE OF THE STA			

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TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10480
1. PLACE OF DEATH	159
County Maskruglon	Registration Dist. No. 341
Village or City Mark Boung 1800	Nouk pletour St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town whera death occurredyrsmos.	
2. FULL NAME Infaul Verdas	
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
make White Guigle with word)	(Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
(or) wire or	Oct 16 1933, to 60 17 1933
6. DATE OF BIRTH (month, day, and year) QCL-16 = 1433	I last saw h aliva on 0th 17 1933; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at IPm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
9 Trade profession or partiaules	Date of onest
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	
SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and this programming to the programming to the programming to the programming to the programming the p	Gremature.
- Sport in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country) Worsh Pa mol	
II 13. NAME CALL GROGELLE	
14. BIRTHPLACE (city or town)	Nama of operation Date of
(State of Editity)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAMEDIAL STATES OF THE STATES OF	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town Krackis willed	Accident, suicide, or homicida? Date of injury, 19
E (Stata or country) and and mode	Whara did injury occur?
17. INFORMANT ROUGH PROPERTY (Address)	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 9 9 Cust 10 0 7 18, 1933	Nature of injury
19. UNDERTAKER A Single On A S	24. Was disaasa or Injury In any way ralated to occupation of deceased?
20. FILED Det: 17: 1933 (MI deans) Back	(Signad) . W. Lellan
Registrar.	(Address) Boonstow

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ono Chronic interstitial nephritis 1921 Run over by street car 1 week ogo Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ogo Other contributory causes of importance: Other contributory causes of importance: Gostroenteritis Gollstones May 1,1923 1 year

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10481
Village or City Agents Limits (If	Registration Dist. No. 30 Z  No. No. Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs, mos  2. FULL NAME Farmie Ruben  (a) Residence: No. 51 W - Franklin  (Usual place of abode)	st., 5 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Lingle	21. DATE OF DEATH (Month) 6 4h (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)	22. Sept 29 1933 to Oct 6 4 1933  I last saw her alive on Oct 5 4 1933; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 9m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset 1930  Cause
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation.	Myo condial Failure Oct 5. Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
14. BIRTHPLACE (city or town)	Neme of operation
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place  A A A A A A A A A A A A A A A A A A A	Manner of Injury
19. UNDERTAKER (Address)  20. FILED /0-7- 133 6 hostita Sowers	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  M. D
Registrar.	(Address) 129 M. Machington S. 7. 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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ROKEVA A'B'

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ADDITIONAL	SPACE FOR FURT	HER STATEMENTS	BY PHYSICIAN,
for authorization	of date	of buth	see crupicale
Siled under B.	· Other	/)	-
0			

BINDING

RESERVED

ARGIN

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No. 1

20. FILED

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Day)

14-42 1214

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

BINDING

RESERVED

ARGIN

infor-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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STATE OF MA	RYLAND—	CERTIFICATE OF DEATH	, ~
1. PLACE OF DEATH		93-3	(, (
County Washington		Registration Dist. No. 302	)
Village or City Villiamspr	ovt (If a	No. 17 Y 12 a v. St., death occurred in a hospital or institution, give its NAME instead of street and number	Water)
Length of residence in city or town where death occurred		ds. How long in U. S. if of foreign birth?yrsmos	
2. FULL NAME JONA Ja	Mrs SI	naw	
(a) Residence: No. 145 Ayris (Usual)	iace of abode)	St., Ward.  If nonresident give city or town and State	e
PERSONAL AND STATISTICAL PAR	RTICULARS	MEDICAL CERTIFICATE OF DEATH	
	MARRIED, WIDOWED, RCED (write the word)	21. DATE OF DEATH etaber 20	4
Male While ma	rried.	(Month) (Oay)	(Year)
5a. If marriad, widowad, or divorced HUSBANO of			
(or) WIFE of Lauva =.		1 HEREBY CERTIFY, That Lettended dece	
S DATE OF BIRTH (mostly day and mass)	1-1860	I last saw h in alive on clober 20, 19 33; de	
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Years Months Oays	tf LESS than	to have occurred on the deta stated above, at 10 . W. m.	atn ts
15 1 1/1	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trada, profession, or perticutar	ormin.	were as follows:	te of o
kind of work done, as SPINNER, HOUSE	ntout	Cente cardiae dilatation	
Industry or business in which		- una raraise de avior	
SAW MILL, BANK, etc.	Dew. Mach Co		
SAW MILL, BANK, etc	tat time (yeers) spent in this/		
year) July 1973	occupation 439YS.	Oh- Carly C	
12. BIRTHPLACE (city or town) Drookly		Other Coatributory Causes of Importance:	
(Stata or country) New 4 others		Throng myocardetis	
13. NAME Xenry Show.			
14. BIRTHPLACE (city or town)		Neme of oparation Date of	
(Stata or country) - / yel au	d.	What tast confirmed diagnosis? Was there an autop	sv?
15. MAIDEN NAME Fruices Thom	narh	23. If deeth was due to external causes (VIOLENCE) filt in also the following:	,
16. BIRTHPLACE (city or town)	2	Accident, suicida, or homicide? Oate of injury	. 19_
(State or country)	ad	Where did Injury occur?	,
17. INFORMANT MYS Laura E	haw!	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURTAL CREMATION, OR REMOVAL	T. mJ.	Manage of felicies	
Plant Clinyiclo Ma Adate O	CX 22 1933	Mennar of injury	
19. UNOERTAKER A. Collingia. (Address)	- T	24. Was disease or Injury in any way related to occupation of deceased? "The	2
(nuuras) Transfer	en de	If so, specify	
20. FILEO 10-20-1533 6 Marsh	Focuero	(Signad)	,

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUMEAU V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

certificate.

	STATE O	F MARY	LAND-	CERTIFICATE	OF DEATH
1	. PLACE OF DEATH	litan.		(170)	
	County Wachington	THE GRASS W.	ATE LINITS OF		Registration Dist. N
	Village or City Washington  Length of residence in city or town where de	Co Jei	l (H°g	erntown Md) death occurred in a hospital or institu	
2	FULL NAME Lewis G (a) Residence: No. William	rfield Cport (Usual place of	Md	St., Ward.	If nonresident give cit
	PERSONAL AND STATISTIC			MEDICAL C	ERTIFICATE OF
3.	Mele 4. COLOR OF RACE	5. SINGLE, MARR OR DIVORCED Morri	(write the word)	21. DATE OF DEATH	Oct. 29,19
5a.	If married, widowed, or divorced	111	<u> </u>		(Month) (I
	HUSBAND of (or) WIFE of Pauline Swi	on		22. OF 2 T	Y CERTIFY The
_	OATE OF BIRTH (month, day, end year)  GE Years Months	uly 2,	1908	I last saw h_/_???? alive on to have occurred on the date stat	Oct 29
	25 7	077	1 day,hrs.	The PRINCIPAL CAUSE OF DEA	
ATION		ffice W	ork	orsoning.	afcoho
OCCUPATION	SAW MILL, BANK, etc		tin this	accidental . An	nethyl as
12.	BIRTHPLACE (city or town) DOWNS V		action	Other Coutributory Causes of Imp	ortance:
E C	13. NAMELewis Shipley				
FATH	14. BIRTHPLACE (city or town) DOWN V (Stete or country)	ille Mo	1	Name of operation	Tour Core
HER	15. MAIDEN NAME Annie V			23. If death was due to external ca	
MOTH	16. BIRTHPLACE (city or town)	cville	Md	Accident, suicide, or homicide? Where did injury occur?	Date of
17.	INFORMANT Mr Lewis Sh (Address) Williamspor			Specify whether injury occurred	(Specify city or town, on INDUSTRY, in HOME, or
18	BURIAL, CREMATION, OR REMOVAL			Manner of injury	
	Place Greenlawn - Ceme		V-1-19-33	Nature of injury	
10	UNDERTAKER Albert Leaf			24. Was disease or injury in eny	way related to occupation of
13	(Address) Williamspo	rt, Md		If so enocity	0 0

1. PLACE OF		THIN CONSER		(P)
County	" HILLS COH		TE LINITO OF	Registration Dist. No. 302
to the code of the	dence in city or town where		(If	erntown Md) St., 5 Ward death occurred in a horpital or institution, give its NAME instead of street and number) 4 ds. How long in U.S. il of foreign birth?
2. FULL NAI	ME Towis	Gerdield	Shinley	
	ce: No. William		id .	St., Ward.  If nonresident give city or town and State
PERSON	IAL AND STATIST	ICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH
s. SEX mele	4. COLOR OF RACE	5. SINGLE, MARR OR DIVORCED M°TTI	(write the word)	21. DATE OF DEATH Oct. 29, 1933  (Month) (Day) (Yeer)
5a. If married, widow HUSBAND of (or) WIFE of	ed, or divorced Pouline Sw:	ion		22. OHEREBY CERTIFY That I attended deceased from 1933, to CT 29 1933
6. DATE OF BIRTH (	(month, day, end year)	July 2,	1908 If LESS than	I last saw h. 1.277 alive on. Oct 29 , 19.33; death is said to have occurred on the date stated above, at 6 30 Pm.
25 8. Trade, profes	ssion, or particular	27	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:  Date of onset
SAWYER,	vork done, as SPINNER, , BOOKKEEPER, etc	Office Wo	ork	Confand methyl altely
SAW MIL	L, BANK, etced last worked at pation (month end		ne (years) 5	accidental. Aurations four days
12. BIRTHPLACE (cit (State or cour				Other Coutributory Causes of Importance:
13. NAME Lev	wir Shipley			
14. BIRTHPLACE (Stete or	(city or town) Downs	ville Mo	1	Name of operation Plansk Dete of Was there an europsy?
15. MAIDEN NA	Down	V. Kline	Md	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
	coun!ry)			Where did injury occur? (Specify city or town, county and State)
(Address)	Mr° Lewie Sl Williamspon			Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMAT		4 - 4		Manner of injury
Place_(j.T.e	enlawn-Ceme		3-V1-, 19-3-3	Nature of injury
19. UNDERTAKER (Address)	Albert Lea:			24. Was disease or injury in eny way related to occupation of deceased?
20. FILED / 0/	31/19334	hasth	Socieson Registrar.	(Signed) Lobet Coura M. D. (Address) Hagers town, Wd

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
BULLEAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA
ADDITIONAL	SPACE FUR	FURIHER	STATEMENTS	1) 1	FILSICIA

See instructions on back of certificate.

TION is very important.

	1. PLACE O	F DEA	ТН				
	CountyW;	ashi	neton			Registration Dist. Np. 30 Z	~
			Magersi	LOWN	<b>€</b> ₽	No. 127 Randolph Ave, St., H	Ward
	Length of resi	denca in c	city or town where d	eath occurred	30_yrsmos	s ds. How long in U.S. if of foreign birth?	ds.
	2. FULL NA	ME	Carrie	A. Smit	th		
	(a) Residen	ce: Np	127 Rar	ndolph /	venue.	St., 4 Ward.  If nonresident give city or town and State	
-	PERSON	IAL AN	ND STATISTI			MEDICAL CERTIFICATE OF DEATH	
3.	SEX		OR OR RACE	5. SINGLE, MAR	RIED, WIDOWED,	21. DATE OF DEATH	
	Female	Wh	ite	or Divorce	D (write the word)	October 4, 193 (Month) (Day) (Ye	3.
5a.	. If married, widow HUSBAND of			~		(10)	
-	(or) WIFE of	Wi	lliam H.	Smith		22. 1 HEREBY CERTIFY. That I attended decease	d from つっ
6.	DATE OF BIRTH	month, da	y, and year) IIa	y 13,	1871	I last saw h elive on Duf 2/ 1933; death	is said
7.	AGE Yea		Months	Days	If LESS than	to have occurred on the date stated above, at 11:30 A.	
		62	4	21	I day,hrs.	mara se follows.	f
Z	8. Trade, profes	ssion, or p	articular as SPINNER			Date o	onset
TIC	SAWYER, 9/Industry or			Lome Wo	rk	Carcanona Lines	
UPA	work was	done, as L, BANK,	SILK MILL,			0	
OCCUPATION	10. Date decease		orked at		ima (years) ntin this		
_	year)				pation	Othar Contributory Canses of importance:	
12	BIRTHPLACE (cit		New Ma	rket	***************************************	Other Coadinatory Cases of Importance.	
_	(State or cour	ntry)	Va.				
HEF	13. NAME J	ohn .	Litton				
FATHER	14. BIRTHPLACE		own) New I	larket		Name of operation Date of	
-	(State or		Va	~ .		What test confirmed diagnosis? Was there an au'opsy?	
MOTHER	15. MAIDEN NA		atherine			23. If death was due to external causes (VIDLENCE) fill in also the following:	
MO		(city or t	own)New.	Market.		Accident, suicide, or homicide?, 19	
			3 . 37	0 111		Where did injury occur? (Specify city or town, county and State)	
17	(Address)		liam H.		****	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18	BURIAL, CREMAT					Manner of injury	
	Place_Ha_	rers	town, Mc	L.Date Oct	7, 19.33	Nature of injury	
19	. UNDERTAKER	Fre	d W. Kra	iss.		24. Was disaase or injury in any way related to occupation of deceased?	
	(Address)	det	erstown,			If so, specify	
20	FILED /O-	7-	1933 6K	01/1/20	west	(Signed) / h 41 Jonlon	_M. D.
1		-,,			Registrar.	(Address) Heefleston Inc	f

B.-WRITE PLA

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Chronic interstitial nephritis	1921	Run over by strect car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	V
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PHYSICIANS should state B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement stated EXACTLY. properly classified. FOR BINDING See instructions on back of certificate. MARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important.

V. S. No. 1

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of OCCUPA-

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
county Washington	Registration Dist. No. 300
Village or City Boonsbors.	
	No. St., Ward f death occurred in a hospitel or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Infant Amulh	
(a) Residence: No. Bornstoro.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR, RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Temale White OR DIVORCED (point the word)	(Month) (Day) (Year)
5a. If merried, widowed, or divorced	(month) (Day) (16d1)
HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I ettended deceesed from
1+11933	19 33, 10 0 19 33
6. DATE OF BIRTH (month, day, end year)	I last saw here elive on Oto 1, 19.33; deeth is said
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date stated ebove, et 3.30 m.
Stillton or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, es SPINNER,	1
SAWYER, BOOKKEEPER, etc.	Millwon.
9. Industry or business in which work wes done, as SIEK MILL, SAW MILL, BANK, etc	P
	Vier sur
O 10. Date deceased last worked at this occupation (month end year) year)	
Dr. 1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	*
14. BIRTHPLACE (cit or town) Boonstone, 2nd	
14. BIRTHPLACE (cit or town) Boonstons, ma	Neme of operation Dete of
(otete of country)	What test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME Vennella May Fulls  16. BIRTHPLACE (city or town) Pheperdslown, W. Va.	23. If death was due to externel ceuses (VIOLENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) Sheperdstown, W. Va-	Accident, suicide, or homicide? Date of Injury, 19
∑ (State or country)	Where did Injury occur?
17. INFORMANT Benjamen Sprull	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Boonston.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Plece Meperastorm (1): Va Date (12 193)	Nature of injury
19. UNDERTAKER CITY 2: Dost X Son	24. Was disease or injury in eny way releted to occupetion of deceased? hu-
(Address)	If so, specify \( \begin{align*}     & \psi
man Oiles 33 This a Book	(Signed) . Levan M.D.
20. FILED 30 1923 Registrar.	(Address) Bounstow.

STATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	12	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING N. B.—WRITE PLANKLY, WITH

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH .	10489
county Washington	Registration Dist. No. 307
Village or City Huge Strum	No. Washing to Count 18t, 0 3 Ward (If death occurred in a hospital or institution) give its NAME instead of street and number)
	os ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Daty O Careno C.	peron
(a) Residence: No. 110 2 & Potomas A &	at. St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCEDOwrite the word)  wigle	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	at 30 1933, Oct 31 1933
6. DATE OF BIRTH (month, day, and year) Oct. 31-1933	I lest saw hamalive on Oct - 30 ,1933; death is seid
7. AGE Years Months Deys If LESS than I day, 9 hr	to have occurred on the date stated above, a 5:00 Pm.
I day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year) occupation.	Premeture labor
12. BIRTHPLACE (city or town) Hugerstown, md. (State or country)	Other Contributory Causes of importença:
I 13. NAME la larence la Speron	
14. BIRTHPLACE (city or town) Lydia, Md	Name of operation Date of
(otate of country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Trene may Doffeniger	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Trene Tray Doffenger  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT & LOUIS & DELOTAL (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Bebessille md Date Oct 31, 193	Manner of injury
19. UNDERTAKER A. K. CU XX MON (Address) KO G & X SAMM M.)	24. Was disease or injury in any way related to occupation of deceased?
20, FILED 10-31-, 1933 Black Pocesan Registrar.	The state of the s
If more blanks are needed, address State Registry	ST. 2411 N. Charles Street Baltimore Requesting 7) S. No. 2

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN							
- 1-0-0-1-1-2-1-2							
		N.C. N.					

ien hiller.

BINDING

RESERVED

ARGIN

DR. VICTOR D, MILLER, W more Blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. HAVERSTOWN.

(Year)

Date of enset

(Dev)

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state

OCCUPA-

of

V. S. No. 1

m

See instructions on back of certificate.

TION is very important.

(Address)

.29

	CERTIFICATE OF DEATH	10491
1. PLACE OF DEATH	93.2	
County Washington	Registration Dist. No. 3 0	5
Village or City Books Inco	No. St.	Ward
	death occurred in a hospital or institution, give its NAME instead of street and	
70. 000	ds. How long in U.S. if of foreign birth?yrsm	osds.
2. FULL NAME Mary Ellen Sur	umers	
(a) Residence: No. Bloomston Md:	St., Ward.	
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give eity or town and MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH/	
OR DIVORCED (write the word)	October 27"	. 193 3
5a. If married, widowed, or divorced	(Month) Day)	(Yoar)
HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended	deceased from
John J. Summers	Oct 21" 1933, 10 Oct 27"	19.3.3
6. DATE OF BIRTH (month, day, end year) January-12-1847	I last saw h alive on, 19,	-; death is sald
7. AGE Yeers Month Days If LESS than	to have occurred on the date stated above, at	
86 9 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	I Date describe
8. Trede, profession, or particular	Al	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Chrome myolardely	8-c/21/3
9. Industry or business in which work was done, as SILK MILL, Aug. Howel	<b>U</b>	-
10. Date deceased last worked at this occupation (month end		
10. Date deceased last worked at this occupation (month end year)	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town). Myssaull	Other Courteday Causes of Importance.	
(State or country) Fred Co. md.		
13. NAME Jacob Hooning		
14. BIRTHPLACE (city or town) Myersuell	Name of operation Date of	
(State or country) Fred. Co. The.	What test confirmed diagnosis? Wes there an a	au'opsy?
15. MAIDEN NAME Many Warnes	23. If death was due to external causes (VIOLENCE) fill in also the following	:
16. BIRTHPLACE (city or town) Wolfaville	Accident, suicide, or homicide? Date of Injury	
(State or country) Fred. Co. md.	Where did injury occur?	
17. INFORMANT Martin E. Summers	(Specify eity or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
(Address) Boonston Md.		
18. BURIAL, CREMATION, OR REMOVAL  Place Date Oct. 29. 19.33	Manner of injury	
	Nature of injury	
TITH 3 12 X V I	24 Was disease or injury in any way related to occupation of decreed?	M.

If so, specify

(Signed)

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPAstated EXACTLY. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied. N. B.—WRITE PLAINLY, WY V. S. No. 1

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH	10
:	L PLACE OF DEATH	20 1043	3 1
	county Washing You	Registration Dist. No. 30 2	
	Village or City Magers Town	No.27 Bell View Ave 5 Sward	1
	Length of residence in city or town where death occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U. S. if of foraign birth?	1
	2. FULL NAME VANCOURS & Clair Solva	11. Summers	•
		St., S Ward.  If nonresident give city or town and State	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH 3   ,193 3 (Month) (Day) (Year)	
5a.	If married, widowed, or divorced HUSBAND of	(13)	
	(or) WIFE of	22. CHEREBY CERTIFY, That I attended daceased from	1
6.	DATE OF BIRTH (month, day, and year) 0 3 1- 1433	I last saw have alive on (233), 1933 : death is said	d
-	AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.2. m.	
	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
NO	8. Trade, profession, or particular kind of work dona, as SPINNER,	The Colonset	
OCCUPATION	9. Industry or business in which	Jirlinding - 102 mgs)	
CUP	work was done, as SILK MILL, SAW MILL, BANK, etc		
00	10. Data deceased last worked at this occupation (month and year)		
12	BIRTHPLACE (city or town) HO YEY STOWN (Stata or country)	Other Contributory Causes of Importance:	
ER	13. NAME John T. Summers.		
FATHER	14. BIRTHPLACE (city or town) Blaver Creek	Name of operation	-
-	(State or country)	What test confirmed diagnosis? Was there an au'opsy?	
MOTHER	15. MAIDEN NAME Plant Warble.	23. If death was due to external causes (VIOLENCE) fill in also the following:	
MO	16. BIRTHPLACE (city or town) L. N. LLAJ S. V. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Accident, suicide, or homicida?	
	7.4 7.0	Where did injury occur? (Specify city or town, county and State)	
17.	(Address) + ( a 2 x starray ) m	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18.	BURIAL CREMATION, OR REMOVAL	Manner of injury	
	Place M: Ms bung Data WV 1, 1933	Nature of injury	
19.	UNDERTAKER A M. CUX X M. QUE	24. Was disease or injury in any way related to occupation of deceased?	
_	(Addiess) Hay o'restown. We	If so, specify	
20.	FILED. / - 1933 Prosttoswest	(Signed) (Signed) (Address) 1866 Garden 1870 At Allers Address 1866 Garden 1870 At Allers Address Addr	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Dete of onset	The principal cause of death and related causes of importance were as follows:	Dete of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10493
1. PLACE OF DEATH	
Village or City Nagara Torum - (1) a	Registration pist. No. 30 2
(If	death occurred in a horpital or institution, are its NAME instead of street and number)
Length of residence In city or town where deeth occurredyrsmos	
2. FULL NAME Mohert Edward	Thoughay
(a) Residence: No. 7 mukstom Mo	. St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
Male Colute, OR DIVORCED (write the word)	Vetober 12, 193
5e. If married, widowed, or divorced IUSBAND of	22 ! MEREBY CERTIPY. Thet attended deceased from
(or) WIFE of Single	October 3, 1933, to October 12, 1933
6. DATE OF BIRTH (month, day, and year) October 20-/930	Hast saw he alive on October 12 1933 death is said
7. AGE Years Months Days if LESS than	to have occurred on the date stated above, at 8-15 fram.
2 11 22 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER BOOKKERER atc.	Date of onset
	Lateral & Conversions Det
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	9, 20
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  year)  11. Total time (years) spant in this occupation occupation	Anna Thromboss 1933
21 +	Other Contributory Cames of importance:
12. BIRTHPLACE (city or town). The age of the country) (1) and the country)	Cutis Media (lift) (letis,
	Massoraits, suppleened Oct. 6
13. NAME (Vilhar O. Dhompson  14. BIRTHPLACE (city or town) — Dankatown	Name of operation Mastard atomy Date of Rek 6
(State or country) Wash, Co. Md.	(1) L'.
	What test confirmed diagnosis? What test confirmed diagnosis? Was there an auropsy? Lo  23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME (Kuth m. Head  16. BIRTHPLACE (city or town). Hoguston	Accident, suicide, or homicide? Date of injury, 19
(State or country) Wook, Co. md.	Where did injury occur?
17. INFORMANT Thilbur & Thompson (Address) Funkston md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place - Junkston Md. Date Oct. 15., 1933.	Nature of injury
19. UNDERTAKER UM J. Bast Y Sry (Address)	24. Wes disease or injury in any way related to occupation of deceased?
10-14 33 Charles Pah	if so, specify (Signed) M.D.
20. FILED	(Address) Dragerstown Md.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Balimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NEW 6 1933	July 5,1927	Perilonitis	3 days ago
BUERATIV	Tie .		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) \_mos.\_\_\_\_\_ds. How long in U.S. if of foreign birth?\_\_\_\_\_\_yrs.\_\_\_\_\_mos.\_\_\_\_ Length of residence in city or town where death occurred. statement RECORD. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH (Month) (Year) . If married, widowed, or HUSBAND of TIFY. That I ettended deceased from (OT) WIFE of 6. DATE OF BIRTH (month, day, end year) certificate to have occurred on the date steted above, at 3.304. m 7. AGE Years Devs Monthe .If LESS than proper I day ...... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importence or .... min. 8. Trede, profession, or particular OCCUPATION pe kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Ju may back 9. Industry or business in which should work wes done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked et on 11. Total time (years) this occupation (month end spant in this ocaupation \_\_\_ instructions Other Coutributory Causes of importance: 12. BIRTHPLACE (city or town (State or country) erms, FATHER 13. NAME Name of operation. plain 14. BIRTHPLACE (city or town) (State or country) carefully What test confirmed diagnosis? Wes there an europsy? MOTHER important. 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) Date of injury \_\_\_\_\_ 19. (State or country Where did injury occur? \_\_\_. OF DEA (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. pluods 17. INFORMANT (Address) 18. BURIAL, CREMATION. OR REMOVAL WRITE Menner of injury AUSE 3 19 3 LION Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify Registrar.

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

ARGIN RESERVED

V. S. No. 1

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Example I	in the second se	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			-
			<u> </u>

	1 2 1	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	ould state	1. PLACE OF DEATH	97)
	of ald	County fleshing WM	Registration Dist. No. 304
	should of OCC	Village or City by Thatelot Cl G	No. St., Ward death occurred in a bospital or institution, give its NAME instead of street and number)
		Length of residence in city or town where death occurred	
	RECORD. Every PHYSICIANS Exact statement	2. FULL NAME Sally Cler	Jants.
	ED.	(a) Residence: No. (Usual place of abode)	St.,
	PHY et s	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	RE Exa	SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED	21. DATE OF DEATH
r h	HA	remale Pruce OBBNORGED (write the word)	(Month) (Day) (Year)
Ž.	ACTLY assified.	5a. If married, widowear, or ovorced HUSBAND of	22 I HEREBY CERTIFY. That I etended deceased from
BINDIN	EXA class	(or) WIFE of filleauch lauly	P/19/ 1932 to / 0/3/33.19
BII	E J	6. DATE OF BIRTH (month, day, and year)	I last saw h last alive on D-1-3 3, 1, 19; deeth is said
FOR	IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated elove at 1/5 m. The PRINCIPAL CAUSE OF DEATH and related gauses of importance
F		8. Trade, profession, or particular	were as follows to Salero Suprate of onset
ED	T HIS d be ly be k of	8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, BOO	
RV	NK-T should it may n back	kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK Milk, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
RESERVED	Sh it sh	0 10. Date deceased last worked at this occupation (month and spent in this ///) %	
RE	[9]	year) 9-33 occupetion TUP	Other Contributory Causes of importance:
Z	DII) So so icti	t2. BIRTHPLACE (city or town)	
MARGIN	UNFADING supplied. AGI n terms, so tha		
[A]	Dat a	13. NAME Homas haw.	Name of operation
5	70	(State or country)	Whet test confirmed diagnosis? Was there an autopsy?
	X, WITH carefully FH in pla ortant.	is MATTOEN NAME Mag dalene ellers	23. If death was due to external causes (VIOLENCE) fill in also the following:
(I)		16. BIRTHPLACE (city of town) (Stete, or, country)	Accident, suicide, or homicide? Dete of Injury, 19 Where did Injury occur?
	be imp	17. INFORMANT Illiam D. Vanto o.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	E PLA should OF D	(Address) Juneoclo mad	
	[r]	18. BURIAL, CREMATION, OR REMOVAL MARCHANIA PIECE AND COLONIA Dete 10/6 1933	Manner of injury
	-WRITE mation sl	4 1 2 16	Nature of injury.
0.1	CA	19. UNDERTAKER AUGUSCHAO (Address)	24. Was disease or injury in any way related to occupation of deceased?
S. No.	B.	20, FILED 10/3 1933 JB Justini	(Signed) V. JA. Jovas, O. A.M.D
>	z (T)	Registrar.	(Address) Jancock, UVa

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ogo
Cerebrol hemorrhoge	July 5, 1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
·			

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

193 3.

(Year)

Date of onset

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ate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
uly 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
lay 1,1923	Gastroenteritis	1 year
	dy 5,1927	Other contributory causes of importance:

N. B.-WRITE

TION is

infor-	state	UPA-	
tem of	plnods	1000 J	
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
EKMANENT K	EXACTLY.	classified. Ex	å
IS A P	stated	properly	TION is very important. See instructions on back of certificate.
TIS	be	pe	Jo
NK-T	should	it may	on back
DING	AGE.	so that	ctions
CNEA	upplied.	terms,	e instru
WITH	efully s	in plain	int. Se
INLY,	be car	EATH	imports
TE PLA	should	E OF D	is very
WRIT	ation	AUSI	NOL

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Washington	Registration Dist. No. 30 4
Village or City Hagerstown	No. 2332 Suters Avenue St. 5 Ward
	(If death occurred in a horpital or institution, give its NAME instead of street and number)
	osds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME James Franklin Whor	ton
(a) Residence: No. 233 5 Suters Avenue (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  A. COLOR OR RACE  Male  4. COLOR OR RACE OR DIVORCED (write the word) Single	21. DATE OF DEATH  October 15, 193 3.  (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. HEREBY GERTIFY, That Thended viceeased from
	WOUND 1989 1989
6. DATE OF BIRTH (month, day, and year) October 15, 193	death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at
Stillborn I day,hr	The PRINCIPAL CAUSE OF DEATH end related chuses of Importance welfe as follows:
8. Trada, profession, or particular kind of work done, as SPINNER,	Diaco Grandon Grandon
SAWYER, BOOKKEEPER, etc. Infant Child	- That a court
work was done, as SILK MILL, SAW MILL, BANK, etc.	The fill Wolf he will for
3 10. Oato deceased last worked at 11. Total tima (years)	ATTA (AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
this occupation (month end spant in this occupation yaar)	Man Convoy of James
12. BIRTHPLACE (city or town) Hagerstown	Other Contributory Causes of importance:
(State or country)	
្ឋា 13. NAME William Whorton	
13. NAME William Whorton  14. BIRTHPLACE (city or town) Hagerstown  (State or country)	Name of operation
(State or country)	What tast confirmed diagnosis?
15. MAIDEN NAME Lena Pearl hichols  16. BIRTHPLACE (city or town) Hagerstown  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) Hagerstown	Accident, suicide, or homicide?
≥ (State or country) Md.	Whera did injury occur?
17. INFORMANT William Whorton	(Specify city or town, county and State) Specify whather Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Hagerstown, 1d.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Hagerstown, 1d. Oate Oct. 16,1931	Natura of injury
19. UNDERTAKER Fred W. Kraiss	24. Was disease of prusy in any way related to occupation of deseated
(Address) Harerstown Md/a	If so, specify A CHEMIA SLOUM,
10-16-16 137-64ent Bouses	(Signed) M. D.
20. FILED Registrar.	(Addrew Table V 10111)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example T		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
Outhorization for maiden name 4	mother see birth certificat.
	1
	U

1. PLACE OF DEATH	(83)
County Washington	Registration Dist. No.
Villager Bagers town	No. St.,  If death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. If of foreign birth?yrsyrs
2. FULL NAME Anderick E.	Villians
(a) Residence: No.	Zar A Ward.
(Usual place of a fode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male White sugle	October (Day) (Yee
5a. If married, widowed, or divorced HUSBAND of	20 1155557 0555157 7.11
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased
6. DATE OF BIRTH (month, day, and year) 2000. 13" 1880	I last saw helive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importence
- 8. Trade, profession, or particular	were esfollows: Date of
SAWYER, BOOKKEEPER, etc.	acadeplas
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end	
SAW MILL, BANK, etc.	
10: Date deceased last worked at this occupation (month end years) year)	
year) occupation	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) A a gentium (State or country)	
1 3.1	
E Contraction	
(State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an eu'opsy?
# Assortance	23. If death was due to external causes (VIOLENCE) fill in also the following:
State or country)	Accident, suicide, or homicide?
Man Wand (Nillians)	(Specify city or town, county and State)
17. INFORMANT / WAY / WAY / WAY	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Lecurity Date /20,1933	Nature of injury
	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER Officer (Address)	If so, specify
10-70- 3/2 6/2,140	(Signed) Parketh up to Coron
20. FILED 19 2 May 1, 2 Duch	

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Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURDAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

1. PLACE OF DEATH	JULION TO DEMINISTRATION
The De Tour	(34) A Registration Dist. No. 30 Z/
County	185 Bar 6 10 15
Village or City Vergenslauv	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S.If of foreign birth?yrsmosds.
2. FULL NAME mury C. William	
(a) Residence: No. 18 31 Busketers cure	Sta S Word YU Ya
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Jamole. Jugio.	(Month) (Day) (Year)
5a. If merried, widowed, or divorced 1	W LUEBERY CERTIFY THAT
(or) WIFE of man I Tred Milliams	22. I HEREBY CERTIFY, That I ettended deceased from
C DATE OF DIPTH (month day and month of 18 18 18 18 18 18 18 18 18 18 18 18 18	I last saw h last saw h last sald
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 730 Pm.
34 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8 Trade nucleosian or narricular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Unknawn/
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and	Chronic replication Duration: sex months,
SAW MILL, BANK, etc.	Cupa
and occupation (month hard a " ).   Shout tu tui?	
year) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
	ungann
13. NAME From Klune Clams  14. BIRTHPLACE (city or town) John Lun's Cu Oce	"Man el"
14. BIRTHPLACE (city or town) John Gus A W Oce (State or country)	1/
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME CENTRALIC C. Smith  16. BIRTHPLACE (city or town) - Wille	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)   16. State or country)   16. State or country   16. State	Accident, suicide, or homicide?
he to the tra	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) / / W: Bhush & T	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place has as tauty, a Date at 5 , 1933	Neture of injury.
helding & land	24. Was disease or injury in any way related to occupation of deceesed?
19. UNDERTAKER ALL TO LAND THE VOICE OF THE	If so, specify
10-5- 33 Charles 101h	(Signed) U. D. Saurne Jo. M. D.
20. FILED 19 Registrar.	(Address)
ACE, STATE OF THE	

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Example I		Example II	
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211ter toocter ooto	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:	
Ganstones	May 1,1320	Trustruction and	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10500
1. PLACE OF DEATH	(86-a)
County Washington	Registration Dist. No.
Village or City Ha gerstown	No Washington Courte Hospital St. 3 Ward
- (If	death occurred in a horpital or institution, give its NAME instead of street and number)
01.411 011 00	ds. How long in U.S. if of foroign birth?yrsmos ds.
2. FULL NAME OFFET H. Wolfe	5 /
(a) Residence; ND. 6 0 2 Summer Clusual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White OR D(VORCED (write the word)	(Month) (Day) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Line 29 1932	I last saw h wa elive on best 10 1933 deeth is said
7. AGE Years Months & Days If LESS than	to have occurred on the date stated above, at 2. 15 Pm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Mere as follows. Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	A
9. Industry or business in which work was done, as SILK MILL,	Meningetis (cerebral)
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) Hagerstown	Dther Contributory Causes of importance:
(State or country) md.	Jeanus skull.
13. NAME Lawrence D. Wolfe	7
13. NAME Lawrence D. Wolfe  14. BIRTHPLACE (city or town) / tagers town	Name of operation decomposition Date of 33
(State of country)	What test confirmed diagnosis? Wes there an au'opsy? 4.9
15. MAIDEN NAME Catherine B. Bachtel  16. BIRTHPLACE (city or town) Hagerstown	23. If death was due to external causes (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) Haguston	Accident, suicide, or homicide? Date of injury Accident
Colate of country)	Where dld injury occur? Hogen town, county and State)
17. INFORMANT Mr. Lawrence D. Wolfe	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Jugerstown MC!	Manner of injury Fall home se coul story wereher
Place Magerstain mg Date 9ct, 2, 1933	Nature of injury I have dead along
lett7miil & d m	24. Was disease or injury in any way related to occupation of deceased?
19, UNDERTAKER SLOY TUnnich To Or	If so, specify
20. FILED /0/11/ 133 Sharth occord	(Signed) M. D.
20, FILED 2 Registrar.	(Address) (ag sentom wa
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-JARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. B.—WRITE PLAINLY, WITH V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10502
County Washington	Registration Dist. No. 316.
Village or City Near Oxedesville-	ND. St., War
	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. If of foreign birth?yrsmosd
2. FULL NAME Donald Son Clon.	him
(a) Residence: No. Mean Keedysulle m	d. or Word
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH, 0
Male White Single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fro
Single	10. 14 ,133 ,10 10. 20 ,19 3:
6. DATE OF BIRTH (month, day, and year) Jugust - 19-1933	I last saw hum alive on 10. 20 ,19.33; death is sai
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the data stated above, at
2 2 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEPER, etc.	marabums
Industry or business in which	
kind of work done, as SPINNER, SAWYER, BDDKKEPPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked at this recursion (months and	Committle + 1 and 10
Spantin fills	magnitude second suspension
year) occupation	Other Coutributory Causes of Paporlance:
12. BIRTHPLACE (city or town) (State or country)	metral fyurgulation
The state of the s	from Endocordition
13. NAME Le Youking  14. BIRTHPLACE (city or town). Middletony.	T
(Stata or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an au'opsy?
The Comment	23. If death was due to external causes (VIOLENCE) fill In also tha following:
16. BIRTHPLACE (city or town) ( Consultation (Stata or country) The Consultation ( Consultation )	Accident, suicide, or homicida?
San de la la	(Specify city or town, county and State)
17. INFORMANT CANDES PORTED PORTED	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Boonston - Date Del. 22, 1933	Nature of injury
19, UNDERTAKER THE COST & You	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Domelmo Md.	If so, specify A
20. FILED (11/0 22 1933 ACA Section	(Signed) A. M. Coorell. M.
Registyare/	(Address) Coldy sull Mil.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Arteriosclerosis	. 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
T. V.S			
Other contributory causes of importance:	and and	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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BINDING

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Arteriosclerosis	1915	Attack of epilepsy	EUREAU T	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	TOPPT O LOSS	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	CANA O MUNICIPALITY	3 days ago
			<del>СЭ/царва</del>	
Other contributory causes of importance:		Other contributory ca	uses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

PHYSICIANS should state TUNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WI V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH ,	30 >1
County Washington	Registration Dist. No.
Village or City Mayers Urv	No. 2 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
0.7 %	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Larry M. Sellars	
11 (0 + 11	mest. 5 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Wale  White  Taxue	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	22 I. HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Inknown	Select 29 1933 to Oct 1 1933
6. DATE OF EIRTH (month, day, and year)	I last saw he ere alive on Oct 1, 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at . 3 . C m.
about 86 - I day,hrs.	the Fairtine Caoss of Beath and leaded caoses of hisportance
8. Trade profession or particular	Cerebral Henonhage 9/2 9/8 3
SAWYER, BDDKKEEPER, etc.	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  year)  11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) Unlesson	Bther Contributors Canoes of importance:
(State or country)	Chr. myocardetis
I I I NAME	
13. NAME  14. BIRTHPLACE (city or town)	Name of operation 220022 Date of
(State or country)	What test confirmed diagnosis? Play Ex Was there an autopsy? The
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT AM Walter Way	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Vaguation ma	Manner of injury
Place Jaggyatown Ma Date /2 1933	
1 - # 7 Mi - 1 1/2	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER COMMENTAL CONTROL OF CONTROL	If so, specify
10-2-033 to Kast 13-1014	(Signed) O. H. Buckley M. D.
20. FILED , 19 Registrar.	(Address) Hageistown, The
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
lu 13	in the live

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